

ADMINISTRATIVE PROCEDURE #5

CHILD WELFARE CASE RECORD ORGANIZATION & UNIFORM RECORDING REQUIREMENTS

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Section 5.1 Purpose

The purpose of uniform recording specifications is to ensure that decisions made by child welfare staff concerning assessment, case opening, service provision, service planning, client and collateral contacts, significant events, parent-child visitation, case transfer, worker reassignment and case closing are documented and maintained in the same manner statewide. Additionally, as the collection of data for computer entry via MARS/CYCIS is a critical element of recorded documentation, forms relating to that system are discussed.

- o The **CFS 906 and CFS 906-1, Placement/Payment Authorization form** shall be sent to data entry within twenty-four hours of placement.
- o **The CFS 1421, Activity/Travel Report** shall be sent to data entry on a weekly basis.

All other MARS/CYCIS forms shall be sent to data entry within three working days of the related event.

The purpose of establishing a standard case record organization system is to enable staff to locate materials quickly and easily, to organize materials in a logical manner, to decrease the frequency of lost case record materials, to maintain service information about the members of a family in a single file, and to minimize the need for duplicating information.

Section 5.2 Assessment

A) Child Welfare Intake

Preliminary information gathering undertaken upon in-person or third party referral for child welfare services will result in one of the following dispositions:

- o no action in response to the assessment;
- o referral to another agency for services or further evaluation;
- o determination of the family's eligibility for Department services;
- o determination of whether Department services should be delivered to and/or arranged for the family;
- o determination of the need for emergency services.

Child welfare staff are to record preliminary activities and all dispositions on the **CFS 1440, Family Assessment Factor Worksheet**, with supplemental pages added, as necessary.

Additionally, when child welfare staff are engaged in assessment activities, the following documents are to be completed:

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- o **CFS 1440a, Worker Activity Summary**, indicating actions taken; and
- o **CFS 1440b, Client Contact Summary**, indicating contacts made.
- o **CFS 1441, Safety Determination Form**, indicating decisions made.

B) Referral Sources

The preliminary assessment is intended to determine whether, based on the referral information, there appears to be probable cause to believe that Department services will be needed. This phase of the assessment shall be completed within five days after:

- o in-person, phone or written request from an individual requesting DCFS services;
- o in-person, phone or written request for DCFS services from a public or private agency or from another DCFS operational unit (SCR or child protection);
- // o receipt of **CANTS 2, CFS 1410, Registration/Case Opening, CFS 1440a, Worker Activity Summary, CFS 1440b, Client Contact Summary, and CFS 1440, Family Assessment Factor Worksheet**, or **CFS 1441, Safety Determination Form**, from child protection for an indicated CA/N report when child placement has not occurred. Investigative staff shall correct and update all information on the **CFS 1410** prior to forwarding it to child welfare staff. Opening legal information will be entered on the CF5 1425L for a new case opening.

C) Complete Assessment Disposition

When a decision has been made concerning the referral, an assessment disposition is required. The three possible dispositions are:

- o disposition out - no further action - no referral;
- o disposition out - referral to another agency;
- o case opening and DCFS services provision.

Assessment dispositional information shall be recorded on the **CFS 1440, Family Assessment Factor Worksheet** within 30 calendar days of the referral when the decision has been made to “disposition out” the referral. The decision to “disposition out” a case shall also consider the findings of the **Child**

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Endangerment Risk Assessment Protocol, via the CFS 1441, Safety Determination Form. The supervisor must approve the worker's decision to "disposition out" an assessment with no further action. The reason for "dispositioning out" the referral is to be recorded on the **CFS 1440, Family Assessment Factor Worksheet.**

D) Ongoing Assessment

Assessment is an ongoing process throughout the life of an open case to the point of service termination. The continuing need for DCFS services and/or DCFS involvement and the continued safety of children shall be documented during the administrative or regular case review process and at times as specified via the safety assessment as follows:

1. The **CFS 1440-1, Family Assessment Factor Worksheet Summary**, shall be completed:
 - o Prior to an administrative or regular case review, continued risk must be documented by using the **Family Assessment Factors** as a guide in evaluating objectives and tasks and then recording the continuing or new risk issues.
 - o Prior to the critical decisions of reunification or termination of Department services, a current assessment of progress through an evaluation of the current client service plan must be completed and presented for administrative approval. The client service plan must indicate a satisfactory evaluation rating and the **CFS 1440-1 Family Assessment Factor Worksheet Summary**, must indicate a significant reduction of overall risk. A new reunification service plan must be completed by the worker and the parent(s) in every decision to reunite the family.
2. The **CFS 1441, Safety Determination Form**, shall be completed via the Child Endangerment Risk Assessment Protocol as follows:
 - o Within five working days after case assignment.
 - o Whenever evidence or circumstances suggest that a child's safety may be in jeopardy, regardless of the placement of the child.
 - o Every six months on intact family cases.
 - o Immediately prior to returning a child home.

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- o When considering the commencement of unsupervised visits.
- o Before an Administrative Case Review where one or more child(ren) are still in placement or one or more child(ren) are still in the home.
- o Immediately prior to closing a service case.

Section 5.3 Case Opening

For assessments resulting in case opening, the following additional recording shall be completed:

- o **CFS 1410, Registration/Case Opening**, to be completed within 24 hours of the case opening decision unless received from child protection. If the case is opened because of an indicated child abuse or neglect report, enter the CANTS subject numbers into CYCIS. This will make all the historical allegations information available as CYCIS case information.
- o Social history recording to be completed within 30 calendar days of case opening (See **Appendix A** for format).
- o Completion of a **CFS 1440-1, Family Assessment Factor Worksheet Summary** based on the information gathered in the social history.
- o **CFS 1441, Safety Determination Form**, must be completed within five working days after the case has been assigned.
- o **CFS 1411, Eligibility I and CFS 1412, Eligibility II**, are to be completed for both placement and intact family cases upon request of the Federal Financial Participation Division (FFPD) and submitted to data entry by the date printed in the new message on the Eligibility I and II turnaround documents.
- o **CFS 1413, Eligibility III** forms are required to be completed within ten (10) working days of assuming legal responsibility for a child.
- o Education assessment guide, developmental assessment for children not yet of school age, mental health screen and, if indicated, substance abuse screen, for all children who enter substitute care within 30 calendar days of court ordered temporary custody.
- o **CFS 1421, Activity/Travel Report**, as required, to be completed at the time of the activity/travel, but will be submitted to data entry weekly.

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- // o CFS 1425L, Legal History Maintenance Form, to reflect the current legal status of the case at case open.

Section 5.4 Client Service Planning

Client service planning includes those activities which result in a written service plan for families for whom services are needed and a case is opened.

Case recording includes:

- o initial service plan (**CFS 497, Parts I and II** and, when the Department is legally responsible for the child, **Part III**) to be completed within thirty (30) calendar days of case opening;
- o service plan (**CFS 497, Parts I and II** and, when the Department is legally responsible for the child, **Part III**) for the next planning period to be completed prior to the review;
- o **CFS 1440-1, Family Assessment Factor Worksheet Summary** form to be completed prior to the regular or administrative case review;
- o **CFS 1441, Safety Determination Form** for the **Child Endangerment Risk Assessment Protocol** to be completed:
 - 1) before each Administrative Case Review where one or more children are still in placement or one or more children are still in the home,
 - 2) every six months (from case opening) on intact family cases,
 - 3) when considering the start of unsupervised visits, and
 - 4) immediately prior to returning a child home;
- o parent-child visiting record (**CFS 497, Part IIA**) to be completed when the permanency goal is “return home”;
- // o **CFS 1420, Case Review**, to be completed when the initial service plan is developed, when an administrative or regular case review is conducted, whenever the permanency goal or planned achievement date for the goal is changed, when the goal has been set through a Permanency Hearing to identify it as a court-set goal or when the target removal date is changed.

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Special note: The Case Review Form, CFS 1420, must be data entered in a timely manner as entry of the case review form will indicate the Client Service Plan, CFS 497, is completed and signed. This information is essential for claiming under Emergency Assistance.

- o **CFS 492, Case Entry**, to be completed on the same day as the contact/significant event;
- o **CFS 1421, Activity/Travel Report**, as required, to be completed at the time of the activity/travel.

Section 5.5 Service Implementation and Monitoring

Service implementation and monitoring includes those activities by which Department staff directly provide, arrange for or purchase those services identified in the **CFS 497, Client Service Plan**. Additionally, it includes activities intended to monitor the client's receipt of services and progress toward objective and permanency goal achievement.

Case recording in this stage includes:

- o **CFS 492, Case Entry**, to be completed on the same day as the contact/significant event;
- o Service plan (**CFS 497, Part II**) upon task or objective achievement; and **Visiting Record** after parent-child visits when the permanency goal is "return home";
- o **CFS 1421, Activity/Travel Report**, as required, to be completed at the time of the activity/travel;
- o Other MARS/CYCIS forms as required by case events (see **Section 5.9**).

Section 5.6 Case Review

The regular or administrative case review results in an evaluation of case progress and a service plan for the next service delivery period. Risk factors which are identified on the **CFS 1440-1, Family Assessment Factor Worksheet Summary**, as well as those identified in the social history need to be considered as planning objectives identified in Part II of the service plan developed for the next planning period.

Case recording for case reviews includes:

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- o the service plan (**CFS 497, Parts I and II** and, when the Department is legally responsible for the child, **Part III**) for the next planning period to be completed prior to the review, as well as a social history on all members of the family including each child who is in placement;
- o **CFS 1440-1, Family Assessment Factor Worksheet**, to be completed prior to the administrative or regular review;
- o **CFS 1441, Safety Determination Form** for the **Child Endangerment Risk Assessment Protocol** to be completed before each Administrative Case Review where one or more child(ren) are still in placement or one or more child(ren) are still in the home;
- o **CFS 1420, Case Review form**;

Special Note:

The **Case Review Form, CFS 1420**, must be data entered in a timely manner since entry of the Case Review Form will indicate that the CFS 497, Client Service Plan, has been completed and signed. This information is essential for claiming under Emergency Assistance.

- o **Eligibility I and II (CFS 1411 and CFS 1412)** for redetermination purposes to be completed by the date specified upon receipt of the form.

Section 5.7 Case Transfer/Case Reassignment

Case transfer includes those activities necessary to transfer responsibility for service delivery to a family/child from worker to worker or Department office to Department office.

Case recording for case transfer shall occur within ten (10) working days from the decision to transfer, but prior to the actual case transfer and shall include:

- o **CFS 1425, Change of Status Form**; and
- o **Case Entry Summary** (see Appendix B of these administrative procedures for the format the of the case entry summary).

Section 5.8 Case Closing

Case closing includes those activities necessary to formally terminate services to a client and close the case file and Department data collection:

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Case recording will occur within fifteen (15) working days after the decision to close, but prior to closure and will include:

- o the service plan **CFS 497, Part I--evaluation**) or **SACWIS Service Plan** for the most recent plan which indicates satisfactory achievement of all the objectives;
- o **CFS 1441, Safety Determination Form** for the **Child Endangerment Risk Assessment Protocol/SACWIS/SACWIS Safety Determination** to be completed immediately prior to closing a service case;
- o **CFS 1425, Change of Status Form**; and
- o **Case Entry Summary** (see Appendix B of these administrative procedures for the format of the case entry summary).

Section 5.9 Other MARS/CYCIS Forms

The use of several MARS/CYCIS forms is dictated by specific case events from the point of case opening through service implementation, transfer/reassignment and closing. The forms and the required completion timeframes are as follows:

- o **Placement/Payment Authorization Form** is used to record child placement or replacement and starting or ending dates for payments related to placement. **CFS 906-1**, for private agency foster care, child care institution, maternity center and group home care or **CFS 906**, for DCFS supervised foster care and relative home care is to be completed at the time of the event. Note: when a child has been placed during the course of a CA/N investigation, the worker making the placement will forward this document to data entry with a copy to the service unit. The service worker is responsible for opening the appropriate case;
- o **Special Service Fee/Payment Extension form (CFS 906-4)** is to be completed and submitted with the **Placement/Payment authorization Form** to extend payment to a provider for up to fourteen (14) days and to record the start/end dates of special service fee payments (to be completed when such fees are approved/extended).

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Section 5.10 Case Record Organization

A) Principles of Case Record Organization

Case records are to be organized in a logical manner so that related materials are located together. Case records are to contain only information that is relevant to the case. Extraneous or irrelevant materials are to be purged from the record.

B) Single Case Record Effective

Effective for any case opened December 1, 1984, or thereafter, a single family case record is to be established. The family case record will include child specific sections. See Appendix C for the section requirements and the contents of each section. When the single-family case record is split among multiple binders, there must be documentation indicating where all of the required materials can be found. Hard cover expandable files are to be used for open cases. Cases that have been closed for six months or more are to be converted to the manila folders.

C) Order of Materials

Materials are to be filed in reverse chronological order, i.e., newest information on top.

D) Records of Clients With Special Communication Needs

The case records of clients who are hearing impaired or who are limited/ non-English speaking shall be marked to indicate that the client has a special communication need. This shall be done by attaching a round yellow sticker to the outside of the case file next to the case name. Such stickers applied to the outside of a record shall indicate throughout the Department to whoever is using the file that they must check the case record to find out the client's preferred mode of communication. This mode of communication shall then be used when engaged in contact with the client.

E) SACWIS Case File

The case file in SACWIS does not need to be printed out as a hard copy with the exception of:

- 1) cases being reviewed for peer review, or
- 2) a case transfer between a SACWIS user to a non-SACWIS user.

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When a case is being reviewed for peer review or a case is being transferred from a SACWIS user to a non-SACWIS user, the following SACWIS documents must be printed in hard copy:

- All Person Profiles
- All Case Notes
- Case Summary Document
- Case Closing/Transfer Summary Document
- All CERAPS
- All Risk Assessments
- All Integrated Assessment Reports
- All Family Service Plans
- All Visitation Plans

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APPENDIX A - SOCIAL HISTORY RECORDING FORMAT

The following format is to be used for completing the social history as part of a comprehensive assessment. Family Assessment Factor Worksheet components are identified when they relate to items called for in the social history.

SOCIAL HISTORY

Date: _____

Family Name: _____

CYCIS ID#: _____

Worker Name: _____

RG/ST/FS: _____

I. Reason for Involvement:

II. Family Composition

- A. Indicate by name and role each adult in the household; indicate by name and role all other significant adults in the family; indicate by name and age each child in the family; identify each child remaining in the home or born during the course of DCFS initial involvement, each child under DCFS legal responsibility, and each child living outside the family (other than under DCFS legal responsibility), with whom each lives, the formal or informal agreements, and for how long the child has been out of the home.

III. Family History

- A. **Family Environment:** Is the parent's home environment sufficient to meet his/her needs, adequate to meet children's basic needs? Basic health and safety standards met? **[Relates to Family Assessment Factor #4]**
- B. **Family/Community:** Is the community from which the client comes supportive or a stress to parent and child? How does the family fit into the community? Is the family accepted or rejected? What is the family's interaction with outsiders? Is the environment conducive to safely raising a child? Are other governmental agencies involved with the family? If so, identify? **[Relates to Family Assessment Factor #2]**

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Are community resources available and within reasonable proximity and will they assist the parent with identified problems?

The extent to which government/community resources are needed by the family to meet basic emotional, physical and financial needs.

Religious beliefs and/or cultural factors that support/stress the family.

C. Family Functioning: Do family members state that they want to stay together? What are the behavioral indicators of motivation to resolve the problems to keep the family intact or to be reunited? **[Relates to Family Assessment Factor #1]**

D. Family and Child Rearing: What are the rules for behavior in this family? What are the expectations for obedience and compliance with rules? What are the forms of discipline/punishment? Who administers discipline? What is the role of the other parent? **[Relates to Family Assessment Factors #9 and 11]**

IV. Parent's History: (Include biological parents, step-parents, or others providing care in the role of parent)

A. Personal History

- 1. Biographical information:** date/place of birth, description of family of origin, note if parents are foreign born, parents and siblings, perception of family of origin, standard of living, cultural backgrounds, family values, family practices especially regarding discipline, feelings about own parents, siblings, history of family violence, physical or sexual abuse, abuse of drugs or alcohol.
- 2. General Physical Appearance**
- 3. Education:** specific information regarding schools attended, degrees completed, attitudes towards education, attitudes towards children's role as student, school and teachers.
- 4. Occupation:** employment history, occupational skills, current employment, position, significant period of unemployment, attitude regarding occupation or if not employed, motivation to be employed.
- 5. Physical Health/Mental Health:** **Physical health** - general health condition; critical health issues/acute or chronic diseases; diagnosis/frequency/duration of hospitalizations; need for/type of medication and/or treatment. **Mental health** - diagnosis/frequency/ duration of hospitalizations; need for/type or medication and/or treatment; impact on parenting motivation, capacity, skills; indicate symptoms of verbal or physical abuse against others, adults and/or

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children; self-destructive behavior; destructive behavior against property; critical health or developmental milestones; significant stresses in life of parent; substance abuse problems/ diagnosis/ treatment; symptoms/diagnosis/treatment of depression, suicide.

6. **Marital Status:** marriage/divorce/separation, number and age at each, stability of current marriage/relationship, pattern of stability in relationships, satisfaction/mutuality of relationship, pattern of abuse between partners, problems/conflicts, are both parents involved in parenting and part of the service plan, is custodial parent's role partner involved in parenting and part of the service plan?
 7. **Criminality or Imprisonment:** indicate offense(s), frequency, convictions, duration of imprisonment; provide significant detail of indictments and/or convictions for offenses against children, for crimes of assault or battery.
 8. **History of Child Abuse or Neglect:** provide significant detail about allegations, findings, sequence; placements of children -- frequency and duration; serious injuries or death of children from abuse or neglect; previous surrenders, termination of parental rights. **[Relates to Family Factors #3 and 12]**
- B. Parent in Relationship to Presenting Problem/Need:** Parent's understanding/ acceptance of presenting problem; understanding of role in event - passive or active; role of perpetrator in family unit and attitude of parent toward this person. **[Relates to Family Assessment Factors #5 and 12]**
- C. Parent in Relationship to Children:** Parent's attitude toward children; perception of child(ren) as individuals; understanding of effect of presenting problem on child(ren); number of children, live births, children who have died, children not living with parent(s) -- including names, ages, current whereabouts, reasons for separation, amount of contact, child support issues, relationship with child's parent/former spouse/role partner. **[Relates to Family Assessment Factors #5-12]**
- D. Parent in Role of Parent:** Parent's understanding of developmental, emotional, physical, educational needs of children, of age-appropriate behavior; motivation/ability to meet needs of child(ren); level of parental skills. **[Relates to Family Assessment Factors #5-12]**
- E. Parent in Role with Others:** Parent's identification of significant others and role of each, level of dependency on one or more for basic physical and emotional needs; family and community support systems available to the parent; recognition of family and community support systems; identification of other agencies/community groups involved with parent.

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- F. Worker Assessment of Parent's Strengths and Weaknesses:** Worker's perception of strengths and weaknesses of parent's ability to meet minimum parenting standards; areas parent identifies as problematic, areas parent sees as strengths; worker's perception of ability and motivation to learn; motivation/ability to correct problem resulting in the placement of child(ren) in future; motivation/ability to remedy presenting problem.
- G. Parent and Service Plan:** Parent's statement of what they would like to see happen; their understanding/acceptance of presenting problem; level of motivation to work on identified problems; level of motivation and ability to receive and accept services; willingness to visit. **[Relates to Family Assessment Factors #13 and 14]**

V. History of Child(ren) Not in Placement

- A. Identifying information:** names, ages, physical descriptions.
- B. Summary of educational, medical, developmental and other information relevant to service delivery to the parents and children not in placement.**
- C. Child(ren)'s Personality and Behaviors:** description of how the child presents him/herself at home - to the parent(s) and to other siblings, in the school, in the community and to the worker; identify behavioral problems; identify the relationship of these problems to the functioning of the parent(s) and to other members of the family.
- D. Child(ren) in Relation to Event:** impact of the presenting event of the child; child's perception of the problem/needs; child's relationship with and feelings about any/all siblings removed from the home; what is the child's behavioral reaction to separation from the siblings or the parent (if the parent was the one to leave the home, e.g., in sexual abuse cases).
- E. Child(ren)'s Perception of Family:** to whom does the child relate most often; from whom does the child receive most support and nurturing; who provides the discipline for the child and what are the child's attitudes regarding persons in this role.
- F. Family's Perception of Child:** what is the child's role in the family; describe attitude, feelings, actions of parent(s), other adults and siblings toward the child; is the child seen as a problem in the family.
- G. Visitation:** what are the child's attitudes and feelings toward visitation with the placed sibling(s); indicate if supervision is recommended, and if so, who should provide this service.
- H. Recommendation for Special Services to the Child(ren):** special needs requiring attention by the parent(s); identify the need for diagnostic evaluation and/or

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professional intervention.

VI. History of Each Child in Placement

- A. **Identifying information:** names, ages, physical descriptions, note if child is foreign born.
- B. **Summary of educational, medical, developmental and other information** relevant to service delivery including any special testing, diagnosis of physical or emotional problems; undocumented status; indication of substance abuse problems; indication of high risk for serious medical complications; history of intravenous and/or other drug usage; history of repeated sexual activity with different partners.
- C. **Child's Personality:** description of how the child presents him/herself at home, at school, in community, to peers, to the worker and other parent/authority figures; does the child have same age peer relationships which are identified as positive, helpful; is the child active, passive, responsive, withdrawn; how does the child spend free time; identify child's interests, skills and hobbies; how does the child communicate, request needs, express ideas, feelings; identify significant persons in the child's life, significant losses.
- D. **Negative Behavioral Indicators:** does the child exhibit excessive aggression toward self, toward others; has the child been known to be harmful to animals; is the child destructive to personal property; has the child been known to set fires; has the child been exposed to sexual activity at an early age, a witness to parental or other adult sexual activity; has the child been a perpetrator of sexual abuse with children of the same age or with children who are much younger; does the child engage in age-appropriate activities; is the child usually in the company of younger children, older children or adults only.
- E. **Child in Relation to Event:** impact of presenting event on child, physically and emotionally; child's perception of problem/need; child's feelings toward perpetrator, attitude toward involvement; exploration of what child would like to see happen with him/herself and to the parent and the family.
- F. **Child's Perception of Family:** to whom does the child relate most often; from whom does the child receive most support and nurturance; who provides the discipline in the family; what are the child's attitudes regarding persons in this role; who is the favorite parent, the favorite sibling; how does the child perceive roles in the family; what is the child's reaction to separation from parent(s), siblings, and significant others, including the perpetrator; what is the child's reaction to visitation?
- G. **Family's Perception of Child:** what is the child's role in the family; describe interaction with parents, siblings and others in and out of the household.

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- H. Child and Visitation:** what would the parents like to see happen for visitation with their child? What would the child like to see happen during visitation with parents? with siblings? Indicate if supervision is required or recommended - and if so - who will provide this service? **[Relates to Family Assessment Factors #15-18]**
- I. Recommendations for Special Services to the Child:** record currently diagnosed conditions, identify need for diagnostic evaluation/treatment for actual or potential medical conditions; record any social, emotional, developmental or educational needs; identify the need for legalization if the child is an undocumented resident in the United States; record any need for diagnosis/treatment if the child is a juvenile sexual offender, a substance abuser, as well as those services needed by pregnant or parenting teens. Note any special services or attention needed by the child's parents or caretaker. Specify if an alternative placement resource is needed to meet the child's service needs.
- VII. Recommendation for Further Action Requiring Legal Approval:** indicate any special limitations on the type, frequency, or duration of parental visits; changes in legal status; request for ruling on reasonable efforts; request for immigration/legalization assessment; or request to screen for adoption.
- VIII. Worker's Assessment:** summarize most significant presenting and underlying issues needing attention; parental capability to achieve or maintain minimal parenting standards; willingness of parent(s) to receive assistance; strengths and weaknesses of all family members; special needs of each child (undocumented status/foreign born, when applicable); and capability of parents to meet needs.
- IX. Recommendation for Further Intervention:** type of intervention needed to serve family/individual children; which service unit should serve the intact family/placed child(ren); indicate date and to whom referral was made; indicate need for diagnostic assessment for parent/child(ren); indicate date and to whom referral was made for diagnostic assessment; indicate legal status, the type and date of the next court hearing; indicate the date of the first case review.

COMPLETE THE CFS 1440-1, FAMILY ASSESSMENT FACTOR WORKSHEET SUMMARY

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January 1, 1994 – P.T. 94.1

APPENDIX B - CASE ENTRY SUMMARY

A summary shall be completed when any of the following events occur in a case:

- o Case Transfer
- o Case Closing

The narrative should be a factual summary of information identified below since the last time a entry summary was completed.

1. Case Name (Last, First, Middle Initial)
2. Dates (start and ending) covered by the summary
3. Frequency and Types of Contacts
4. Services Provided During the Period
5. Significant Developments or Events in the Case
6. Progress in Accomplishing the Service Plan (for case transfer or reassignment only)
7. Suggestions for Future Service, if any (for case transfer or reassignment only)
8. Reason for Case Transfer/Reassignment/Closing (if appropriate to current recording).

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APPENDIX C - CASE RECORD ORGANIZATION

I. Intake and Client Service Planning

A) Intake Section

*Note: SACWIS forms marked below with an asterisk need only be printed out in accordance with the instructions in AP#5, Section 5.10, Case Record Organization, paragraph E.

- DCP investigative packet (If there are a number of DCP investigative packets, they may be filed in a separate section.)
- SACWIS Risk Assessment*
- Social History (as required by Appendix A)/SACWIS Integrated Assessment*
- CFS 1440a, Worker Activity Summary
- CFS I440b, Client Contact Summary
- CFS 1441, Safety Determination Form/SACWIS Safety Determination*
- Burgos Consent Decree Forms (Aurora subregion and Cook Regions only) includes CFS 1000-1, Hispanic Client Language Determination Form; Refer to Procedures 302.30 and 300, Appendix E for more details.

B) Client Service Planning Section

- CFS 497, Client Service Plan/SACWIS Comprehensive Family Service Plan*
- CFS 1441, Safety Determination Form/SACWIS Safety Determination*
- CFS 1420, Case Review form

II. Case Recording Section

- Case Entry Form (CFS 492)/SACWIS Note*
- Six month summaries
- Case transfer summary
- Case closing summary
- CFS 119, Unusual Incident Reports

CASE RECORD ORGANIZATION/RECORDING

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- CFS 1410, Registration/Case Opening

III. Legal Document Section

- Court orders
 - Reports to the court
 - Supplemental petitions
 - Discharge notices (CFS 440, 440-A, 440-1, and 440-3)
 - Legal status reports
 - Adoption surrenders (CFS 435 or 435-2)
 - Adoption consent (CFS 436A or 436 IA) Most recent notice for court appearances
 - Correspondence to and from the court
 - Police reports (unless linked to a DCP investigation. File these with the investigation.)
 - Verification documents (birth, marriage, citizenship, military services, death, and divorce)
 - CFS 600-3A, Record of Release of Information
 - CFS 600-3, Consents for Release of Information
 - CFS 444, Voluntary Placement Agreement
 - CFS 458, Relative Caretaker Placement Agreement
 - Norman Consent Order Forms
- CFS 370-1 Norman Class Certification for Reunification Cases
CFS 370-2 Norman Class Certification by Administrative Case Review
CFS 370-4 Notice to Class Members

IV. Financial Section

- CFS 370-5, Request for Cash, AFDC and/or Housing Assistance
- CFS 370-6, Letter to Family Regarding Cash Assistance
- CFS 906, Placement/Payment Authorization Form

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- CFS 906-4, Special Service Fee and Payment Extension Form
- CFS 1411, 1412, and 1413, Eligibility I, II, and III
- CFS 1411-B, Declaration of Income
- Information pertinent to children's benefits
- CFS 911, Financial Statement for Parental Determination
- Subsidized adoption application and materials (CFS 470 A, B, C, D, etc.)
- Income verification
- SSA 8000 BK, Application for Supplemental Security Income
- Notification of eligibility (CFS 1860)

V. Reports and Correspondence Section

- Purchase of service reports
- Homemaker reports
- Counseling reports
- Advocate reports
- Correspondence to and from contracting agency
- Day care related materials
- Medical and psychological reports (parents - family, unless linked to a DCP investigation. File those with the investigation.)
- Correspondence to and from the family

VI. Child-Specific Section (Each child in the family case must have his/her own Child-Specific Section. The child's Child-Specific Section may be designated by a tab with the child's name or may be a separate binder or set of binders for that child. When the single case record is split among multiple binders, there must be documentation indicating where all of the required materials can be found.)

- For POS providers delivering Medicaid Community Mental Health Services under 59 Ill. Adm. Code 132: Materials linked with a POS provider's delivery of Part 132 services for that child. Includes the child's assessment, treatment plan, consents, treatment reviews, reports, service documentation, and all other materials related to the provider's delivery of Part 132 services for that child. Materials related to the provider's delivery of Part 132 services for a child must

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be designated by a separate tab or set of tabs or in a separate binder or set of binders.

- Medical, psychiatric, and psychological reports (Child-specific; materials not linked with a POS provider's delivery of Medicaid Community Mental Health Services under 59 Ill. Adm. Code 132)
- CFS 431, Consent of Guardian to Medical/Surgical Treatment
- The Health Passport
- CFS 601, Dental Examination Record
- CFS 407, School Reports
- CFS 407-4, Educational Assessment Guide
- School-related and other consents
- Individualized Education Program (I.E.P.)
- CFS 109, Request for Out-of-state Travel
- CFS 432, Consent of Parent/Guardian for Out-of-State Travel
- Interstate Compact recording (CFS 490 series)
- Child Case Summary, CFCM 4021-a (a MARS/CYCIS report)
- CFS 1000-A, A Spanish Speaking Child Placed in a Non-Spanish Speaking Living Arrangement (Aurora and Cook Regions only, when applicable)
- Child-specific reports and materials
- CFS 2017, Child/Caregiver Matching Tool
- CFS 2018, Interethnic Placement Act Assessment Form (if applicable)
- CFS 680, Child Identification Form
- CFS 1014, Children Absent From Placement Report Form
- Child's Picture and fingerprints

CASE RECORD ORGANIZATION/RECORDING

January 4, 1999 – P.T. 98.24

APPENDIX D – CYCIS FORMS INSTRUCTIONS

FORM

//	484	Adoption/Subsidized Guardianship Tracking
	906/906-1	Placement/Payment Authorization Form
	906-4	Special Service Fee/Payment Extension Form
	1410	Registration/Case Opening
	1411	Eligibility I
	1412	Eligibility II
	1413	Eligibility III
	1420	Case Review Form
	1421	Activity/Travel Report
	1425	Change of Status Form
	1425L	Legal History Maintenance Form

CASE RECORD ORGANIZATION/RECORDING
January 4, 1999 – P.T. 98.24

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DEPARTMENT OF CHILDREN AND FAMILY SERVICES

Distribution: X and Z

POLICY GUIDE 2006.02

CREATING AND OPENING CASES IN SACWIS

RELEASE DATE: February 1, 2006

TO: Rules and Procedures Bookholders, DCFS Child Protection Staff, DCFS Child Welfare Staff, and DCFS Clerical Support/CYCIS Data Entry Staff

FROM: Bryan Samuels, Director



EFFECTIVE: Immediately

I. PURPOSE

The purpose of this policy guide is to issue instructions to staff who perform the functions of creating and opening cases in SACWIS and CYCIS.

II. PRIMARY USERS

Primary users of this policy guide are DCFS child welfare and child protection workers, supervisors, and clerical support/CYCIS data entry staff.

III. BACKGROUND

In July 2004, SACWIS Phase II implementation reached its one-year mark. While this has been a time of much transition, we continue to grow technologically as an agency.

Many daily work functions are now being done in the SACWIS system. Two important and critical functions are creating and opening service cases (intact family and family/placement). These functions require initial completion of work in SACWIS and additional work in CYCIS in order to fully complete the case open process.

IV. PROCEDURES

Child Protective Services Workers



Child Protective Services workers must follow these procedures when it is determined that a service case (intact family or family/placement) will be opened as a result of an investigation (CA/N intake).

- Case openings generated as a result of an investigation (CA/N intake) **MUST** first be created in SACWIS prior to opening the case in CYCIS.
- From the SACWIS Create Case window, the user must determine if a family or child, or both family and child cases are to be created. (Ex. If only an intact family case is needed, the user will create a family case only. If the case is a placement case, the user will create the family case and corresponding child cases.)
- Users **MUST** make sure the “CYCIS Family Member” indicator is marked YES for cases that will be opened in CYCIS.
- Creating the case(s) in SACWIS generates the **SACWIS 1410**. The SACWIS 1410 must be sent immediately to the appropriate CYCIS data entry staff to complete the case open process.
- The steps outlined above should also be followed when a case is re-opened.

Child Welfare Staff (including supervisors)

Child Welfare Staff (including supervisors) should follow these procedures when it is determined that a service case (intact family or family/placement) will be opened as a result of an intake evaluation (non-CA/N intake).

- Case openings generated as a result of an intake evaluation (non-CA/N intake) **MUST** first be created in SACWIS prior to opening the case in CYCIS.
- From the intake evaluation decision tab, the Child Welfare worker will disposition the intake evaluation by choosing **open case** as the disposition, and submit to his or her supervisor for approval.
- Once approved, from the Create Case window, the supervisor must determine if a family or child, or both family and child cases are to be created. (Ex. If only an intact family case is needed, the user will create a family case only. If the case is a placement case, the user will create the family case and corresponding child cases.)
- Users **MUST** make sure the “CYCIS Family Member” indicator is marked YES for cases that will be opened in CYCIS.
- Creating the case in SACWIS generates the **SACWIS 1410**. The SACWIS 1410 must be sent to the appropriate CYCIS data entry staff to complete the case open process immediately.

- Child Welfare staff may create child cases from an open family case. If a child case(s) must be created as a result of a child(ren) in an intact family being taken into protective custody, SACWIS users should create the child case(s) from within the open family case.
- The steps outlined above should also be followed when a case is re-opened.

Clerical Support/CYCIS Data Entry Staff

Clerical Support/CYCIS Data Entry Staff must follow these procedures to complete the case open process in CYCIS for family and child service cases.

- Clerical Support/CYCIS Data Entry staff must receive a **SACWIS generated 1410** from the worker that created the case in SACWIS.
- Clerical Support/CYCIS Data Entry staff should **NEVER** open cases in CYCIS that are not displayed in the **Case Opening section** of the SACWIS 1410.
- The SACWIS 1410 contains three key ID numbers that are required for opening the case(s) in CYCIS. They are as follows:
 1. **SACWIS Person ID #**--keyed into CR03 Client Basic Registration
(*Note: Entry is required on one screen per person.*)
 2. **SACWIS Family Group ID#**--keyed into CR03 Client Basic Registration and CR08 Family Composition
 3. **SACWIS Case ID#**--keyed into CM02 Case Open/Reopen screen
(*Note: There will be a SACWIS case ID for the family case and a different one for each child case. Users MUST ensure the individual SACWIS Case ID numbers are entered in CYCIS for the family case and for each individual child case.*)
- When performing CYCIS data entry to complete the case open process, Clerical Support/CYCIS Data Entry staff **MUST** soundex each person to determine if the family or children already exist in CYCIS.
- If the family and all or some of the persons already exist in CYCIS, verify the SACWIS Family Group ID and SACWIS Person ID on the 1410 match CYCIS.
 1. If the SACWIS Person ID and SACWIS Family Group ID are the same, open the family and/or child case, using the SACWIS Case ID on the 1410. **NEVER open or reopen a CYCIS case without a SACWIS Case ID.**

2. If the SACWIS Person ID and SACWIS Family Group ID are NOT the same, **do not** create new CYCIS person IDs. Open the family and/or child case, using the SACWIS Person ID, SACWIS Family Group ID and SACWIS Case ID on the 1410.

(Note: When step 2 occurs, the Getronics Help Desk must be notified immediately.)

V. QUESTIONS

If users experience problems in creating and opening cases in SACWIS, they are instructed to contact the Getronics Help Desk at 1-800-791-9958.

VI. FILING INSTRUCTIONS

File this Policy Guide immediately after page 2 of Appendix D of Administrative Procedure # 5.

CYCIS FORMS INSTRUCTIONS
ADOPTION/GUARDIANSHIP TRACKING
September 15, 2000 – PT 2000.19

ADOPTION/GUARDIANSHIP TRACKING

PURPOSE:

The Adoption and Foster Care Analysis and Reporting System (AFCARS) requirements established by Federal regulations require the uniform, reliable collection of information concerning children under the placement care and responsibility of the State Title IV-B/IV-E agency, and children adopted while under the auspices of the State public child welfare agency. The Department's system for tracking AFCARS compliance for children adopted with or without a subsidy and children placed with a private guardian with or without a subsidy is comprised of the CFS-484 (turnaround document), two Child and Youth Centered Information System (CYCIS) screens (CM-46 & CM-47), and various monitoring and statistical reports.

The CYCIS system provides a trigger to begin tracking cases with a permanency goal of either adoption, guardianship, substitute care pending court decisions on termination of parental rights, adoptive rights, or surrender both. The CYCIS system also provides a mechanism for collecting monthly updates for each case in the population until adoption is finalized and the Department is no longer legally responsible.

The CYCIS system is the repository for critical data items needed to meet the federally mandated AFCARS requirements.

WHO COMPLETES IT:

The initial CFS-484 will be computer generated when CYCIS information includes one of the following triggers:

- a permanency goal of adoption (Code 25);
- a permanency goal of guardianship (Code 26);
- a permanency goal of substitute care pending judicial determination regarding TPR (Code 24);
- legal status of adoptive rights (Code AR); or
- legal status of surrender both parents (Code SB).

CYCIS FORMS INSTRUCTIONS
ADOPTION/GUARDIANSHIP TRACKING
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A CFS-484 will also be produced when a case is closed for reason of Completion of Adoption (CA) or Relative Adoption (RA), and/or if a final living arrangement of Home of Adoptive Parent (HAP) is reported and the case is not AFCARS data compliant. Non-compliant AFCARS cases will be brought to the attention of AFCARS Coordinators for follow-up with Department and POS agency caseworkers.

- CFS-484 forms generated for Department cases will be forwarded to appropriate Regional Adoption Coordinators for distribution to caseworkers.
- CFS-484 forms generated for Cook County purchase of service (POS) agency cases will be mailed to designated POS agency AFCARS Coordinators who will distribute the forms to the appropriate agency caseworkers.
- CFS-484 forms generated for POS agency cases outside of Cook County will be forwarded to appropriate DCFS Regional Adoption Coordinators for distribution to appropriate POS agencies.

The worker will update the turnaround CFS-484 and submit it for data entry when events occur that are tracked by the document. This information will be data entered on the CM-46/47 screens no later than the last day of the month by designated individuals in each of the region's Adoption Units. A new turnaround CFS-484 will be generated and sent to the worker on the fifth day of the following month. A turnaround document will not be generated after No Legal and Subsidy Start Up dates are entered, and the worker should retain a file copy of the final CFS-484.

SPECIAL NOTES:

The following procedures must be followed when correcting AFCARS case information or when deleting a case from AFCARS.

In order to correct information that had been previously entered in CYCIS concerning a child's permanency goal or legal status, the caseworker shall request that the

CYCIS FORMS INSTRUCTIONS
ADOPTION/GUARDIANSHIP TRACKING
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case be deleted by printing prominently across the top of the CFS-484 “PLEASE DELETE” and attaching required CYCIS forms with corrected information. A copy of the court order must also be attached to the CFS-484 when the court has changed the permanency goal.

Caseworkers may correct preprinted CFS-484 turnaround document information for adoption or guardianship cases properly included in AFCARS by striking out the information to be corrected and writing the correct information directly above the strikeout. Correction of court information (e.g., date of TPR, date adoption finalized) requires that the caseworker attach a copy of the court order in addition to correcting the information manually.

Only the following CFS-484 data fields must be completed when the permanency goal for a child is guardianship (with or without a Department subsidy) or **a case where the child will be or has been adopted:**

- Resource Type
- Date 483-1 Signed
- Date Passed LGL SCRIN
- Date MTHR BKGRND CLR
- Date FTHR BKGRND CLR
- Date PKG SUB for APVL (if guardian will receive a subsidy)
- Date Subsidy Approved (if guardian will receive a subsidy)
- Date Subsidy Start-Up (if guardian will receive a subsidy)

These procedures also contain general information about CYCIS screens CM-46/47 and **procedures for correctly closing a child's case in CYCIS when a child's adoption is finalized and guardianship is discharged.**

CYCIS FORMS INSTRUCTIONS
ADOPTION/GUARDIANSHIP TRACKING
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CFS-484

ADOPTIONS/GUARDIANSHIP TRACKING (CM-46)

Child's CYCIS Information

CYCIS information will be computer printed.

AFCARS Required CYCIS Information

Termination of Parental Rights or Adoptive Surrenders and Subsidized Guardianship Dates

These dates will be computer printed. If a date is not present, attach a copy of either the Termination of Parental Rights Order or Adoptive Surrenders and submit the CFS-484 according to normal procedures.

Required Adoption Information

Date Petition Filed For TPR

Enter month, day and year the TPR petition was filed with the court.

Is This An Expedited Adoption

Enter Y = Yes

Enter N = No

When an adoption is an expedited adoption (court termination of parental rights the same day an order of adoption is entered) the caseworker MUST attach to the CFS 484 a copy of the court order terminating parental rights and a copy of the court order of adoption.

Date Petition Filed For Guardianship

Enter month, day and year the guardianship petition was filed with the court.

Date Adoption Finalized (Required if subsidy startup date is present.)

Enter the month, day and year the court finalized the adoption.

CYCIS FORMS INSTRUCTIONS
ADOPTION/GUARDIANSHIP TRACKING
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Adoptive Family Provider Identification

Enter the family's provider identification number.

Date of Adoptive Home Placement

Enter the month, day and year the Adoption Placement Agreement or the Legal Risk Agreement was signed.

Adoptive Mother's First and Last Name

This information is required if the marital status is SM (Single Mother), the adoptive mother's date of birth or race is present, or the adoptive father's name is not present.

Adoptive Mother's Date of Birth

Enter month, day and year.

Race

Place an "X" by all codes that apply as declared by the adoptive mother.

BL/AA	Black or African American
White	White
AI/AN	American Indian or Alaskan Native
ASIAN	Asian
NH/PI	Native Hawaiian or Other Pacific Islander
UNDET	Undetermined
HISP ORG	Indicates whether the individual is of Hispanic origin

Adoptive Father's First and Last Name

This information is required if the marital status is SF (Single Father), the adoptive father's date of birth or race is present, or the adoptive mother's name is not present.

Adoptive Father's Date of Birth

Enter month, day and year.

CYCIS FORMS INSTRUCTIONS
ADOPTION/GUARDIANSHIP TRACKING
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Race

Place an "X" by all codes that apply as declared by the adoptive father.

BL/AA	Black or African American
White	White
AI/AN	American Indian or Alaskan Native
ASIAN	Asian
NH/PI	Native Hawaiian or Other Pacific Islander
UNDET	Undetermined
HISP ORG	Indicates whether the individual is of Hispanic origin

Marital Status

Place an "X" by the appropriate code.

MC	Married Couple
SM	Single Mother
SF	Single Father

Adoptive Parent(s) Address

Enter house number, street and apartment number (if applicable).

Enter city, state, zip code number.

Enter telephone number (3-digit area code and 7-digit phone number).

ADOPTIONS/GUARDIANSHIP TRACKING (CM47)

Adoption/Guardianship Subsidy Information

Resource Type Code

Place an "X" by the appropriate adoptive or guardianship home resource code.

Adoptive Home (AH)	(Child is being adopted by a newly recruited adoptive home.)
Foster Home (FH)	(Child is being adopted by current foster parents.)

CYCIS FORMS INSTRUCTIONS
ADOPTION/GUARDIANSHIP TRACKING
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Relative Home (RH)	(Child is being adopted by current relative caregiver.)
Subsidized Guardianship (SG)	(Current caregiver is to become guardian with subsidy.)
Guardianship (GU)	(Current caregiver is to become guardian without a subsidy payment from the Department.)

AICI Number

Enter Adoption Information Center of Illinois number (Rules 309, Section 309.40).

Date 483-1 Signed

Enter the month, day and year the caregiver signed the CFS 483-1, Caregiver Permanency Planning Checklist.

Date Passed Legal Screening

Enter the month, day and year the case passed legal screening.

Date of *Most Recent* Mother's Background Clearance (Required if subsidy approval date is present.)

Date of *Most Recent* Father's Background Clearance (Required if subsidy approval date is present.)

Date Package Submitted for Approval

Required if subsidy approval date is present

Date Subsidy Approved

Enter month, day and year.

Date Subsidy Startup

Required if subsidy date is present.

CYCIS FORMS INSTRUCTIONS
ADOPTION/GUARDIANSHIP TRACKING
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Notes

Other documentation can be entered at the discretion of the worker.

GENERAL INFORMATION

CM-46 & CM-47

The CM-46 and CM-47 screens provide inquiry and allow for the update of data elements located on CFS-484. Both screens have two sections.

CM-46

CHILD'S CYCIS INFORMATION

A summary of the child's CYCIS information is displayed in this section. The data elements are informational only, derived from data located elsewhere in the system. The child's CYCIS information cannot be updated from this screen.

ADOPTIVE FAMILY INFORMATION

The adoptive family's demographic information, including their provider ID (Illinois families only), is recorded in this section. The provider ID must be used to obtain demographic information about an Illinois family from the background check system.

CM-47

CHILD'S CYCIS INFORMATION

A summary of the child's CYCIS information is displayed in this section. The data elements are informational only, derived from data located elsewhere in the system. The child's CYCIS information cannot be updated from this screen.

ADOPTION/GUARDIANSHIP SUBSIDY INFORMATION

This section is used for entry and updating subsidy information. The lower portion of the section also contains fields to indicate if an appeal or disruption has occurred. The adoption finalization date is also recorded in this section.

NOTES

This section provides an area to record a brief case note.

CYCIS FORMS INSTRUCTIONS
ADOPTION/GUARDIANSHIP TRACKING
September 15, 2000 – PT 2000.19

CLOSING ADOPTION CASES – Required CYCIS Forms

The following information is provided to assist workers and supervisors in the correct completion of identified data items. Detailed instructions for the completion of each form can be found in Administrative Procedure #5, CYCIS Forms Instructions.

The following forms are required for all adoption cases that are finalized:

CFS 906/906-1 (Placement/Payment Authorization Form)

The Home of Adoptive Parents (HAP) code should always be entered as the type of final living arrangement.

CFS 484 (Adoption/Guardianship Tracking Form)

Enter the date adoption was finalized as well as all other missing information required by the form.

The following forms are required when the Department's guardianship is released and the child's foster care case is closed:

CFS 1425 (Change of Status Form, Case Closing Section)

Enter either CA (Completed Adoption) or RA (Adoption by Relative) as the case closing reason and "NO" for "Legal Status".

CFS 1420 (Case Review Form)

Goal Achieved/Close Case (Code 23) should be entered in Evaluation of Progress section.

CYCIS FORMS INSTRUCTIONS
ADOPTION/GUARDIANSHIP TRACKING
September 15, 2000 – PT 2000.19

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CYCIS FORMS INSTRUCTIONS
PLACEMENT/PAYMENT AUTHORIZATION FORM
January 20, 2003 – PT 2003.03

PLACEMENT/PAYMENT AUTHORIZATION FORM

PURPOSE: The purpose of this form is to document every time a child placement is made, changed or terminated, and to authorize payment to foster parents, group homes, private agencies, institutions and independent clients.

WHO COMPLETES IT: The form is completed by the Department or private agency worker at the time the placement is made, changed or terminated.

SPECIAL NOTES: This form must be sent to data entry as soon as possible after placement. If you make an error on the form and need to void it, send the voided form to data entry along with a corrected copy of the form.

If a worker wants to extend or stop payment to a provider for up to 14 days when a child runs away, a Special Service Fee and Payment Extension form must also be submitted, and an extension for a residential placement should be requested on the 906-5, Residential Care Bed Hold Payment Request form.

Entry of the CFS 906/906-1 information will trigger the beginning of the centralized eligibility determination process. Please include complete, accurate and timely information to ensure that the Department prepares complete and accurate claims for federal reimbursements. A relevant example is where a child is removed from a relative, placed in a shelter overnight, and then returned to the same relative as a HMR placement. In this case, the caseworker should complete 906's for both the shelter and the HMR placement. Data entry should complete a separate CM-07 for each living arrangement.

A Placement Clearance Desk authorization number must be obtained and entered on the CFS 906/906-1 for all foster care placements. Purpose of Form

When the child comes into the system, this form is completed by the DCFS worker and submitted for data entry. POS completes the form for private agency foster care, institutions and group homes. It documents the child's current living arrangement. It serves as authorization for payments to foster homes, group homes, private agencies, institutions and independent clients.

Special Instructions

If you make an error and need to void this form, send the voided form to the regional office. The form must be received by data entry within three to five workdays after the date on which you made the error.

CYCIS FORMS INSTRUCTIONS
PLACEMENT/PAYMENT AUTHORIZATION FORM
January 20, 2003 – PT 2003.03

1. Child Name

Enter the last name first, then first name and middle initial for the child who is being placed or changing living arrangements.

2. Client ID

Enter the child's client ID number as given on the Registration/Case Opening form.

3. Region/Site/Field

Enter the two digit regional and field office codes.

Note: Only Regions 6A, 6B, and 6D will enter a two digit site number. All other regions should leave this space blank.

4. Type of Transaction

Indicate the type by checking the box next to the phrase that describes the placement action.

1. Initiate Placement means under Department care.
2. Change Placement means that the child has moved from one Department or provider living situation to another.
3. Final Living Arrangement means the child is moving from a substitute care living arrangement to the living arrangement immediately prior to case closing or that the child has returned home.
4. Prior Placement means that you wish to make a payment for a living arrangement in which the child was living at some time in the past, which does not affect his current placement.
5. Change amount means that you are changing the amount of the payment.
6. Correction means that there is incorrect information in the computer data bank that needs to be changed.

5. Placement Data

a. Type

Enter the type of current living arrangement by using one of the following codes.

- ABD Abducted – The child's whereabouts are unknown and the child is known or believed concealed, detained or removed from the jurisdiction of the court.
- ASD Armed Services Duty

CYCIS FORMS INSTRUCTIONS
PLACEMENT/PAYMENT AUTHORIZATION FORM
January 20, 2003 – PT 2003.03

CIL	Community Integrated Living Arrangement – This code is to be used for developmental disabled youth, 18 years of age or older, that have been placed in a CIL approved by the Department and the Illinois Department of Human Services. The Central Office Payment Unit may only enter the CIL living arrangement code.
CUS	College/University Scholarship-DCFS Scholarship Only – This living arrangement code may only be entered by the Central Office Payment Unit.
DEC	Deceased – This code is used to report the death of a child when the Department has an open case and legal responsibility for the child.
DET	Detention Facility/Jail
DRA	Delegated Relative Authority (Do not initiate this code after January 1, 1997)
FHA	Foster Home Adoptive
FHB	Foster Home Boarding – DCFS
FHI	Foster Home Indian – Licensed, Specified or approved by an Indian child's tribe.
FHP	Foster Home Boarding – Private Agency
FHS	Foster Home Specialized
GDN	Guardian (Successor) – This program is only offered if they are in a cost-neutrality area described in Rules 302, Section 302.405.
GRH	Group Home
HAP	Home Adoptive Parents – This code is used to report the final living arrangement after adoption is completed. When using this code, do not make an entry for name and address.
HHF	Hospital/Health Facility
HMR	Home of Relative
HMP	Home of Parent – Used also for Adoption Assistance cases.
ICF	Institution - DCFS
IDC	Institution – Committed to the Department of Corrections
ILO	Independent Living Only
IMH	Institution – Department of Mental Health
IPA	Institution – Private Child Care Facility
JTP	Job Training Program – The child is participating in a recognized job-training program.
NCF	Nursing Care Facility
OTH	Other
SGH	Subsidized Guardian Home
TLP	Transitional Living Program – Placement approved by a Regional Clinical Services Manager
UAP	Unauthorized Placement – The child's whereabouts are known, but the child is living in a unauthorized/unapproved placement.
WCC	Whereabouts Unknown, Periodic Contact with Caseworker – The child's whereabouts is unknown, but the child periodically initiates contacts his or her assigned caseworker.
WUK	Whereabouts Unknown – The child's whereabouts are unknown and the child is not known or believed abducted.
YES	Youth Emergency Shelters

CYCIS FORMS INSTRUCTIONS
PLACEMENT/PAYMENT AUTHORIZATION FORM
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- YIC** Youth in College – Placement approved by the Deputy Director of the Division of Educational and Transition Services (This living arrangement code may only be entered by the Central Office Payment Unit.)
- YIE** Youth in Employment - Placement approved by the Deputy Director of the Division of Educational and Transition Services (This living arrangement code may only be entered by the Central Office Payment Unit.)

b. Reason for Placement Type

BMP Behavior Management Problems

The child was placed because he or she has behavior that is difficult to manage. Examples include children who act out sexually, aggressively, criminally or runaway. This category includes those children who are adjudicated MRAI or delinquent.

AAC Adoption Assistance Case

The child is adopted and the parents receive adoption assistance.

ADP Adoption

The child was placed in this living arrangement pursuant to adoption by this family.

EXC Executive Determination

There has been extensive research involving the child and the Central Office Payment Unit has made the effective date of the living arrangement change.

GDN Guardian (Successor)

The child's foster parents have assumed the responsibility of guardianship via court order. This code is not to be used after January 1, 1997, for new cases unless they are in the cost neutrality areas described in Rule 302.405.

SGH Subsidized Guardian

The child's foster parents or relative caregiver have assumed the responsibility of guardianship via court order under the Department's Subsidized Guardianship Program.

ISS Independent/Self Sufficient

The child is in an educational program or youth in transition program and in this placement for purposes of learning.

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SAB Substance Abuse

The child was placed in this setting because of his/her abuse of alcohol or drugs.

MDO Medical Card Only

The child is adopted without an adoption subsidy or monthly standard of need or foster care maintenance payment, but will receive a medical card.

MHP Mental Health Problems

The child was placed in this setting because of severe emotional or mental health or retardation problems. This category would include those children who attempt suicide, who are withdrawn, depressed, psychotic, or intellectually limited.

PHP Physical Health Problems of the Child

The child was placed in this setting because his/her physical health problems required the care offered in it.

PRG Pregnancy

The child was placed in this setting because of her pregnancy.

PRT Place Review Team

The child is placed in a residential setting and page ten of the PRT review form has not been submitted to the CFS 906/906-1 data entry staff.

COR Court Ordered

The only reason for the child's placement in this setting is because the court has specified the placement type.

SHL Shelter

The child was placed because of problems related primarily to his family or environment rather than because of any problem with the child's health or behavior. This includes those children placed for their protection.

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OAR Only Available Resource

The child was placed in this type of setting or particular placement only because it was available, not because it was selected as most able to deal with the child's problems. If any code is selected other than this one or COR it is assumed that the placement type was the placement of choice.

SSA Self Selected Placement - Approved

A ward 18 years of age or older is living in an unlicensed, unrelated home and the placement has been approved by the Placement Clearance Desk.

SSU Self Selected Placement - Unapproved

A ward 18 years of age or older is living in an unlicensed, unrelated home and the placement has not been approved by the Placement Clearance Desk.

TPN Teen Parenting Network Program

The child is part of the Teen Parenting Network Program in Cook County. The Central Office Payment Unit may only enter this code.

c. Date

Enter the 6-digit date (month, day, and year) on which the current living arrangement began.

d. Time

Enter the time in which the child entered placement. This is needed in order to historically track placements.

e. Out of State Placement

Complete this section only if the child is placed out of state.

Licensed in Other State

Check this box yes or no, if the placement is licensed or approved in that state.

Intend to Return Child to Illinois

Check this box yes or no, if the plan is to return the child to Illinois.

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f. Provider ID

Enter the identification number for the provider. Please note that this is not the social security number. This is a unique, six digit number which has been assigned by the regional office.

g. Type of Service

Enter the 4-digit code for the type of service provided by this caretaker.

0100 Foster Care Services

0101	Department Boarding Homes
0102	Private Agency Boarding
0103	Intensive Foster Care
0104	Emergency Foster Care
0105	Deaf Foster Care
0106	Home of Relative
0107	Reduced Rate Boarding Home
0109	Agency Specialized Foster Care – Open for intake effective July 1, 2002
0114	Individual Specialized Foster Care
0115	Reduced Rate Relative Home
0126	Guardian Successor
0136	Delegated Relative Authority - Department
0137	Delegated Relative Authority - Private Agency
0140	Private Agency Home of Relative Board
0141	Private Agency HMR - Social Services Only
0143	Agency Treatment Foster Care – Effective July 1, 2002 this code is no longer used.
0143	Agency Specialized Foster Care – Intake close effective July 1, 2002
0144	Department Treatment Foster Care – Effective July 1, 2002 this code is no longer used.
0151	Cuban Haitian Refugee Department Boarding Home
0152	Department Boarding Home Other Refugee
0153	Cuban/Haitian Home of Relative
0154	Refugee Home of Relative
0155	Family Reunification - Private Agency Foster Care
0156	Family Reunification - Department Regular Foster Care
0158	Family Reunification - Private Agency Specialized Foster Care
0159	Family Reunification - Department Specialized Foster Care
0160	Family Reunification - Private Agency Relative Home
0161	Family Reunification - Department Relative Home
0167	Pregnant/Parenting Teen - I.L.U.
0169	Agency Specialized Foster Care - HIV
0909	Foster Care Exempt
2102	Agency Traditional Performance Base Contract
2140	Agency Relative Performance Base Contract

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0200 Institutional and Group Home Care Services

- 0201 Private Institutions
- 0202 Other Institutions
- 0203 Private Group Homes
- 0204 Supervised Independent Living
- 0205 Institutional/Group Home Aftercare
- 0207 DMH or DPH Allowance
- 0218 Allowance - Detention Facility
- 0221 Emergency Shelters - Institutions
- 0222 Emergency Shelters - Group Homes
- 0223 Youth Emergency Shelters
- 0225 CILA - Community Integrated Living Arrangement
- 0267 Pregnant Parenting Teen Residential
- 0268 TLP – Transitional Living Placement

0300 Adoption Services

- 0331 Adoption Subsidy - equal to the regular foster care rate
- 0332 Adoption Subsidy - equal to the regular foster care rate
- 0333 Adoption Subsidy - equal to the intensive care rate
- 0334 Adoption Subsidy - equal to the intensive care rate
- 0335 Adoption Subsidy - eligible other benefits
- 0336 Adoption Subsidy - specialized rate/manually entered
- 0338 Adoption Subsidy - no Increases due to age or cost of living
- 0350 Adoption Subsidy - under 19 in school
- 0355 Adoption Subsidy - under 21 with disability
- 0150 Subsidized Guardian Subsidy - Intensive
- 0186 Subsidized Guardian Subsidy – Relative, Manual Calculation
- 0188 Subsidized Guardian Subsidy –
Non-Relative, Manual Calculation
- 0189 Subsidized Guardian Subsidy –
Specialized Rate
- 0193 Subsidized Guardian Subsidy - Related, Standard Rate
- 0194 Subsidized Guardian Subsidy –
Non-Relative, Standard Rate
- 0370 Subsidized Guardianship - subsidy under 19 in school
- 0375 Subsidized Guardianship - under 21 with disability

0700 Youth in Transition Services

- 0701 Youth in Transition Grant
- 0704 Youth in Transition - Cuban-Haitian
- 0705 Youth in Transition - Other Refugee
- 0706 Youth in Transition - Scholarship
- 0720 Youth in College Grant
- 0723 Youth in College - Cuban-Haitian
- 0724 Youth in College - Other Refugee
- 0725 Youth in College – Grant

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0800 Department Scholarships

- 0801 Department Scholarship
- 0804 Department Scholarship - Cuban-Haitian
- 0805 Department Scholarship - Other Refugee
- 0806 Department Scholarship

0900 Unwed Mothers Services – No longer used

- 0901 Maternity Home Care (No longer used.)

7000 Medicaid

- 7109 Medicaid Agency Specialized Foster Care
No longer effective as of July 1, 2002.
- 7110 Medicaid Foster Care Comprehensive
- 7143 Medicaid Agency Treatment Foster Care
Used Prior to July 1, 2002.
- 7201 Medicaid Private Institutions
- 7202 Medicaid Group Home Fee for Service
- 7203 Medicaid Private Group Homes
- 7204 Medicaid Supervised Independent Living
- 7205 Medicaid Supervised Independent Living Fee for Service
- 7267 Medicaid Pregnant Parenting Teen Residential
- 7268 Medicaid Transitional Living Program

h. Contract Number

Enter the contract number of the provider which provides the service if applicable.

i. Rate Sequence

Complete only if multiple rates in the contract.

j. Amount

Do not complete if the amount has already been set. Enter an amount when you enter any of the following services:

- 0105 Deaf Foster Care
- 0107 Reduced Rate Boarding Home
- 0115 Reduced Rate Relative Home
- 0126 Subsidy for Successor Guardianship
- 0155 Family Reunification - Private Agency Foster Care
- 0156 Family Reunification - Department Regular Foster Care
- 0158 Family Reunification - Private Agency Specialized Foster Care
- 0159 Family Reunification - Department Specialized Foster Care
- 0160 Family Reunification - Private Agency Relative Home
- 0161 Family Reunification - Department Relative Home

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0186	Subsidized Guardian Subsidy – Related, Manual Calculation	
0188	Subsidized Guardian Subsidy – Non-related, Manual Calculation	
0189	Subsidized Guardian Subsidy - Specialized Rate	
0370	Subsidized Guardian Subsidy – Under 19 in school	
0375	Subsidized Guardian Subsidy – Under 21 with disability	
0207	DMH or DPH Allowance	
0335	Adoption Subsidy	Eligible Other Rates
0336	Adoption Subsidy	Specialized rate/manually entered
0338	Adoption Subsidy	No Increases Due to Age or Cost of Living
0350	Adoption Subsidy	Under 19 in school
0375	Adoption Subsidy	Under 21 with disability
0701	Youth in Transition/Grants	
0704	Youth in Transition - Cuban-Haitian	
0705	Youth in Transition - Other Refugee	
0706	Youth in Transition - Scholarship	
0708	Youth in Transition/Grants	
0720	Youth in College Grant	
0723	Youth in College - Cuban-Haitian	
0724	Youth in College - Other Refugee	
0725	Youth in College/Grant	
0801	Department Scholarship	
0804	Department Scholarship - Cuban-Haitian	
0805	Department Scholarship - Other Refugee	
0806	Department Scholarship	

k. Amount Date

Enter the date on which the amount indicated should begin.

l. Check if Placement is not to be Paid

Check if you are not making a payment to the child's current caretaker. Enter the reasons for placement code "MDO" so that the child will receive a medical card.

m. Provider Name

Enter the full name of the caretaker--last name first, then first name and then middle initial.

n. Agency Name

Enter the full name of the agency, if any.

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o. Street Address

Enter the entire street address of the provider including apartment number when applicable for updating the provider registration.

p. City

Enter the city of the provider to update the provider registration.

q. State

Enter the state of the provider to update provider registration.

r. ZIP Code

Enter the zip code of the provider to update the provider registration.

s. Telephone Number

Enter the telephone number of the provider to update the provider registration.

t. Social Security Number

Enter the social security number of the caretaker if you have not entered a provider number.

6. Signature

a. Provider

The caretaker who receives the child for placement signs here and enters the six-digit month, day and year date.

b. Case Worker

The worker placing the child in the new living arrangement signs here and enters the six-digit month, day and year date.

c. I.D. Number

Enter the worker's identification number.

d. Telephone Number

Enter the worker's office telephone number.

e. Supervisor

The supervisor of the worker who made the placement signs here and enters the six-digit month, day and year date.

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f. I.D. Number

Enter the supervisor's identification number here.

7. Removal from or Termination of Placement

a. Reason

The reason for removing a child from a particular placement is to be determined by the child's worker, who uses his or her best professional judgment in selecting a code.

ABD Abducted

The child's whereabouts are unknown and the child is known or believed concealed, detained or removed from the jurisdiction of the court.

DEC Deceased

This code is used to report the death of a child when the Department has an open case and legal responsibility for the child.

DIT Disruptive Termination

Placement objectives were not met, and the placement was terminated in an unplanned manner without the full agreement of DCFS staff. (Except in the case of runaways.) This would include children ejected on short notice because of behavior problems, conflict between the child and the provider, and conflict between the provider and DCFS. The crucial concept is that the child's DCFS worker does not feel that the termination was accomplished with sufficient time and planning to minimize disruption and provide the best chance for a successful subsequent placement.

MAT Mutually Agreed Termination

The placement objectives were not achieved, but both the provider and Department staff have agreed that the placement is in appropriate and have agreed upon an orderly transition to a subsequent placement. The key concept here is that all parties have acted reasonably to minimize disruption in the child's life, and adequate time and planning have been provided so that the child will not have to quickly move to an alternative placement with a high probability of disruption. This would include cases when children are placed because there were no other resources available and the provider agreed to temporarily keep the child.

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POC Placement Objectives Completed

The objectives of this placement were successfully completed. The movement represents a planned, orderly transition to the next step in the program plan. Examples would include a return home, when the family and child have been adequately prepared; completion of evaluation for diagnostic placements; movement to a longer-term placement from an emergency placement and movement to a less restrictive setting.

UAP Unauthorized Placement

The child's whereabouts are known, but the child is living in a unauthorized/unapproved placement.

UNT Uncontrollable Termination

Placement objectives were not met, and the termination occurred for reasons outside the control of both DCFS and the service provider. Examples would be court ordered termination; termination because of health problems of the child or provider; job transfers of the foster parents; and termination or withdrawal of voluntary placement agreements.

WCC Whereabouts Unknown, Periodic Contact with Caseworker

The child's whereabouts is unknown, but the child periodically initiates contacts his or her assigned caseworker.

WUK Whereabouts Unknown

The child's whereabouts are unknown and the child is not known or believed abducted.

b. Date

Enter the six-digit month, day and year date of the child's removal from this living arrangement.

c. Provider ID

Enter the number of the provider from whose care the child is being removed.

d. Provider Initials

The provider initials this box to indicate that the child was removed on the date stated in b. If the child is absent from placement, the supervisor may initial here instead of the provider.

e. Caseworker Signature

The worker who removes the child from the living arrangement signs here.

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8. Narrative

This section is used by the worker to give critical information to the new caretaker. This may include such instructions as feeding schedules for babies or medical appointments coming up.

Instructions for Distribution

1. Initial Placement

1st copy	Data Input
2nd copy	File
3rd copy	Placement
4th copy	Not needed

2. Change Placement

1st copy	Data Input
2nd copy	File
3rd copy	New Placement
4th copy	Placement from which child removed

When the child is being removed from substitute care and is to be placed back home or in another substitute care living arrangement, the child's name and ID number would be put on all forms. The termination date and signature of sending provider and worker would be completed. Worker ID would not be entered at this time as the last copy in the carbon set is left with the foster parent.

When the child is placed in a new substitute care living arrangement, signatures are obtained from the receiving caretaker, the new worker and his or her telephone number. The third copy goes to the new caretaker. After the worker returns to the office, he or she enters the worker ID number, the supervisor signs and enters his or her ID number. The first copy is sent to Data Input and the second copy is filed.

3. Child Return Home

When child returns home final placement is checked and family name, address must be entered to show final living arrangement of child. The sending caretaker and the worker sign and date the form as above. The sending caretaker is given a copy and then one copy is sent to data entry and one copy is retained in the case file.

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**SPECIAL SERVICE FEE AND PAYMENT
EXTENSION FORM**

PURPOSE:

This form is used to:

- Initiate a special service fee;
- Extend payment to a substitute care provider after a child has run away or goes to a hospital or health care facility.

WHO COMPLETES IT:

This form is completed by the worker requesting a special service fee or an extension of payment to a substitute care provider for up to 14 days when a child runs away or goes to a hospital or health care facility.

SPECIAL NOTES:

This form, for both purposes, is manually completed by the worker each time it is used. No turnaround will be received.

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Purpose for Special Service Fee/Payment Extension

This form has two purposes: to initiate a special service fee and to extend payment to a caretaker after a child has run away or been placed in the hospital.

When completed for a special service fee, one copy goes to data input and one copy is to go into the case record. Special service fees will be paid for a maximum of six months. An extension requires the completion of another form. The worker will receive a reminder that a new form is needed approximately two months before the fee is scheduled to end.

This form is also used to pay a provider for a specified number of days of care, up to 14, after the child has run away or been placed in the hospital. If this form is not submitted with the Placement/Payment Authorization form when the child is reported as runaway or in the hospital, no payment will be issued past the date of runaway or leaving for the hospital. For this extension of payment enter only the following items as listed below: #1, #2, #3, #4, #5, #6, #8, #11, and #12. An explanation must be made in the narrative explaining why the fee should be extended.

- 1. Child Name:** Enter name of child on whose behalf the fee is to be paid.
- 2. Child ID:** Enter identification number of child for whose benefit the fee is being paid.
- 3. Provider Name:** Enter the name of the substitute care provider
- 4. Provider ID:** Enter identification number of provider to receive payment
- 5. Agency Name:** Enter the name of the private agency responsible for care, if applicable.
- 6. Placement Date:** Enter the 6-digit month, day and year date on which the child was first placed with this provider.
- 7. Start Date:** Enter the 6-digit day, month and year on which the fee is to begin.
- 8. Stop Date:** Enter the 6-digit day, month and year on which the fee is to stop. This date cannot exceed for a special service fee one day past six months from the start date. For payment extension, it cannot exceed one day past fourteen days from the start date. The stop date is not paid.

For example: If a child ran away on the 1st of June and you

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wish to pay for 14 days of care the start date would be June 1 and the stop date would be June 15.

If the child returns to the foster home or institution before the date entered here, a new Special Service Fee/Payment Extension Form needs to be completed. Enter the new "Stop Date" which would be the date on which the child returned. Then submit a new CFS 906-4 Placement/Payment Authorization Form to begin the regular payment.

**9. Special Service
Fee Amount:**

List the dollar amount of the special service fee. Always leave blank for payment extension which is paid at the current rate.

**10. Reason for Special
Service Fee:**

Do not complete this section for payment extensions. For special service fees enter one of the following reason codes and give more detailed explanation in the narrative section.

- | | | |
|-----------|-------------------------------|--|
| 01 | Child Behavior Problem | List this if the child's behavior problems result in additional expense for the foster family. |
| 02 | Child Physical Problem | List this if the child's physical problems result in additional expense to the family. |
| 03 | Unusual Transportation | List this if the foster parents are expected to transport the child so much that it creates an additional expense. |
| 04 | Other | Use this code only if one of the other codes are not appropriate. |
| 05 | Ward with Infant | List this if the ward is a mother, under 21 years of age and the Department is not legally responsible for her child. |
| 06 | Family Reunification | List this if the child is in a family first reunification foster home. |
| 07 | Sibling Visitation | List this if the foster parents will be hosting an overnight visit for the brother(s) and sister(s) of the child(ren) in their care. |

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- 11. Caseworker Signature:** The worker signs and dates the form here in order to indicate approval.
- 12. Supervisor Signature:** The supervisor signs and dates the form here in order to indicate approval.
- 13. Regional Administrator:** This signature and date is required for amounts exceeding \$50.00 for special service fees.

CYCIS FORMS INSTRUCTIONS
REGISTRATION/CASE OPENING
June 8, 2003 – P.T. 2003.14

REGISTRATION/CASE OPENING

PURPOSE: This form is completed when it has been decided that the family should receive Department services. It also may be used as a work sheet to record information during the assessment process. This form "opens" the case to the CYCIS system, including both family and/or child cases.

WHO COMPLETES IT: This form is completed by the worker who decided the family is eligible for Department services.

SPECIALNOTES: This form will be computer printed and "turned around" to the worker for filing after initial submission by the worker of a manually completed form. All workers listed as caseworkers will receive a copy. Upon receipt of the turn around copy, workers should verify the accuracy of all information. The turnaround is used to report changes in a family composition, open additional child cases, make address changes, document deaths of family members, etc.

This form is not used to report a change in the child's legal status or to transfer or close cases. The legal status for the case opening should be reflected on the CFS 1425L, which should be submitted in conjunction with the CFS 1410.

Timely registration of family cases must occur for the EAP claiming system to work. In addition, the names and addresses of both parents should be entered whenever possible. This information is essential for making an accurate eligibility determination without requiring the caseworker to collect additional information.

The Department wards' names are now verified against the Department of Public Aid records by the central office. The verified name will appear in the SOURCE field on the CR-04, Client Alias Name screen, and represents the name, which also appears on the DPA medical card and the Social Security card. No action is required of field staff relating to this change.

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REGISTRATION/CASE OPENING
June 8, 2003 – P.T. 2003.14

Once the Assessment worker has decided to open a case, the worker should complete the REGISTRATION/CASE OPENING FORM as described below.

1. **Family Name**

It is not necessary to complete this section; it will be printed by the computer.

2. **ID**

Enter the family identification number here if the case is to be opened. An identification number is always required, whether or not any adults are members of the family.

3. **Case Worker**

It is not necessary to complete this section. It will be printed by the computer for distribution purposes.

4. **RG**

Region – enter the two-digit code that identifies your region.

5. **ST**

Site – Enter, in Region 2B only, the two digit number which identifies the site office of the family worker.

6. **FD**

Field – Enter the two-digit number that identifies the field office of the family worker.

7. **Cli Ref #**

Client reference number – Enter a "1" by the first client's name, a "2" by the second client's name and so on until all fourteen lines are completed, if needed.

If you need to list more than fourteen people, use a new case registration sheet. Enter the last name of the family at the top of the form and the family identification number. Begin with number 15 and continue until number 28 is completed. If more space is still needed continue on with a new sheet and begin with number 29.

CYCIS FORMS INSTRUCTIONS
REGISTRATION/CASE OPENING
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8. Client ID

Client identification number – Enter an identification number for each client regardless of whether or not each family member is to be opened.

9. Names of Family Members and/or People Who are Significant to the Family

Enter the full names--last name, first name and middle initial, if applicable--of each family member. All family members are entered although you may only open some of them.
Be sure to enter the names of deceased parents.

10. Role

a. Significant Other – S

Enter "S" in this column for each individual other than the caretaker, head of household or a child who is a significant other.

b. Head of Household – H

Enter "H" in this column for the family member who is the "Head of the Household."

NOTE: Enter this code for one client only. This individual's name will be used as the Family Name. It is recommended that you use the female caretaker's name.

c. Caretaker – A

Enter "A" if the individual listed on the line is an adult caretaker living in the home.

d. Child – K

Enter "K" if the individual is a child.

e. Both – B

Enter a "B" if the individual is a child and a parent.

f. Deceased – D

Enter a "D" if the client has died.

g. Perpetrator – P

Enter a "P" if this is the perpetrator of abuse or neglect.

CYCIS FORMS INSTRUCTIONS
REGISTRATION/CASE OPENING
June 8, 2003 – P.T. 2003.14

11. Sex

Enter the appropriate code for each client listed.

F=Female M=Male U=Unknown N=Not Reported

Unknown is to be used in those instances when the client or care-giving person does not offer the information, the worker has not inquired as to the gender and the gender is unclear.

Not Reported should be used when the client or care-giving person does not offer the information, the worker *does* inquire about the gender, and the client declines to give the information.

12. Race/Ethnicity

a. Race

Enter the client's primary race and any other races that apply (i.e., most applicable or reported by the individual). In the case of young children, the care-giving person provides this information.

WH=White	BL=Black
NA=Native American (Indian or Eskimo)	AO=Asian/Oriental
NR= Not Reported	PI=Pacific Islander

When adding a new client on a blank line, place the primary race in the white area in the RACE/ETHNICITY column. The ethnicity should be placed directly underneath the primary race in the pink area of the RACE/ETHNICITY column. Up to four secondary races that apply to the individual should be entered in the pink area directly underneath the BIRTH INFORMATION/DATE column.

b. Ethnicity

Ethnicity currently relates only to Hispanic. Enter the code that most accurately describes the individual's ethnicity.

NH=Not Hispanic	NR=Not Reported
HS=Hispanic South American	HC=Hispanic Cuban
HM=Hispanic Mexican	HP=Hispanic Puerto Rican
HD=Hispanic Spanish Descent	HO=Hispanic Other

CYCIS FORMS INSTRUCTIONS
REGISTRATION/CASE OPENING
June 8, 2003 – P.T. 2003.14

13. **Birth Information:** This is required for all children for whom the Department has legal responsibility. It is optional but preferred for all others. If the birth date is entered, the rest of the section must also be completed (i.e. city, state etc.).

a. **Date of Birth**

Enter the date of birth for each family member listed. This must include the numeric month, day and year in that order.

b. **City**

Enter the city where the family member was born. Enter "unknown" if you do not know the city at this time.

c. **State**

Enter one of the following codes, which signify the state where the family member was born.

TWO-LETTER STATE ABBREVIATIONS

(As Authorized by U.S. Post Office)

AL	Alabama	MT	Montana
AK	Alaska	NB	Nebraska
AZ	Arizona	NV	Nevada
AR	Arkansas	NH	New Hampshire
CA	California	NJ	New Jersey
CO	Colorado	NM	New Mexico
CT	Connecticut	NY	New York
DE	Delaware	NC	North Carolina
DC	District of Columbia	ND	North Dakota
FL	Florida	OH	Ohio
GA	Georgia	OK	Oklahoma
GU	Guam	OR	Oregon
HI	Hawaii	PA	Pennsylvania
ID	Idaho	PR	Puerto Rico
IL	Illinois	RI	Rhode Island
IN	Indiana	SC	South Carolina
IA	Iowa	SD	South Dakota
KS	Kansas	TN	Tennessee
KY	Kentucky	TX	Texas
LA	Louisiana	UT	Utah
ME	Maine	VT	Vermont
MD	Maryland	VA	Virginia
MA	Massachusetts	VI	Virgin Islands
MI	Michigan	WA	Washington
MN	Minnesota	WV	West Virginia
MS	Mississippi	WI	Wisconsin
MO	Missouri	WY	Wyoming
		UK	Unknown

CYCIS FORMS INSTRUCTIONS
REGISTRATION/CASE OPENING
June 8, 2003 – P.T. 2003.14

d. County

Enter one of the following codes that signify the county where the child was born.

001 Adams	011 Christian	021 Douglas
002 Alexander	012 Clark	022 DuPage
003 Bond	013 Clay	023 Edgar
004 Boone	014 Clinton	024 Edwards
005 Brown	015 Coles	025 Effingham
006 Bureau	016 Cook (exc Chi)	026 Fayette
007 Calhoun	017 Crawford	027 Ford
008 Carroll	018 Cumberland	028 Franklin
009 Cass	019 DeKalb	029 Fulton
010 Champaign	020 DeWitt	030 Gallatin
031 Greene	056 Macoupin	081 Rock Island
032 Grundy	057 Madison	082 Saline
033 Hamilton	058 Marion	083 Sangamon
034 Hancock	059 Marshall	084 Schuyler
035 Hardin	060 Mason	085 Scott
036 Henderson	061 Massac	086 Shelby
037 Henry	062 McDonough	087 Stark
038 Iroquois	063 McHenry	088 St. Clair
039 Jackson	064 McLean	089 Stephenson
040 Jasper	065 Menard	090 Tazewell
041 Jefferson	066 Mercer	091 Union
042 Jersey	067 Monroe	092 Vermilion
043 JoDaviess	068 Montgomery	093 Wabash
044 Johnson	069 Morgan	094 Warren
045 Kane	070 Moultrie	095 Washington
046 Kankakee	071 Ogle	096 Wayne
047 Kendall	072 Peoria	097 White
048 Knox	073 Perry	098 Whiteside
049 Lake	074 Piatt	099 Will
050 LaSalle	075 Pike	100 Williamson
051 Lawrence	076 Pope	101 Winnebago
052 Lee	077 Pulaski	102 Woodford
053 Livingston	078 Putnam	103 Out of State
054 Logan	079 Randolph	104 Unknown
055 Macon	080 Richland	105 City of Chicago
		106 Out of Country

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e. **Ver**

Verification

- 1 Copy of birth certificate in case record.
- 2 Place of birth verified via the CFS 402; received and in case record.
- 3 Client declaration – This will not suffice for DPA eligibility or for verification of foreign-born children.
- 4 Unable to verify – This will not suffice for DPA eligibility.
- 5 For temporary or permanent residents, refugees and naturalized citizens – Citizenship papers, alien resident card, naturalization papers or verification from the Immigration and Naturalization Service (INS).

14. **Address: Residence and Mailing**

a. **RS--Residence**

The residence is the address of the main living quarters of the client. (For a child in placement, this is not the placement address of the child, but the address of the parent from which the child was removed.) Enter the appropriate Address Reference letter from the Residence/Mailing Address section at the bottom of this form. Each family member and significant other person who is listed must have an Address Reference letter even though the address may be unknown.

b. **ML--Mailing**

The mailing address is the address where the client receives his or her mail. Enter the appropriate Address Reference letter for the mailing address from the Residence/Mailing Address section for only those clients whose Residence and Mailing Addresses differ. If there is no difference, leave this section blank. (Do not enter the placement address of the child.)

15. **Communication Requirement**

Select and enter, for each client listed, the Communication Requirement code that indicates the primary language required for communication.

AL	Albanian	LI	Lithuanian
AM	Armenian	LO	Lao
AR	Arabic	MI	Malaysian-Indonesian
BE	Bengali (India)	NO	Norwegian
BU	Bulgarian	OT	Other
CA	Cantonese	PE	Persian
CH	Chinese (Mandarin)	PG	Portuguese
CR	Croatian	PO	Polish
CZ	Czech	PU	Punjabi (India)
DA	Danish	RO	Romanian
DU	Dutch	RU	Russian

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EN	English	SE	Serbian
FL	Flemish	SI	Sign Language
FR	French	SH	Swahili
GE	German	SL	Slovak
GR	Greek	SP	Spanish
HA	Haitian	SW	Swedish
HE	Hebrew	TA	Tagalog (Philippines)
HI	Hindi (India)	TH	Thai
HM	Hmong		
IC	Icelandic	TM	Tamil
IR	Iranian	UD	Urdu (Pakistan and India)
IT	Italian	UR	Ukrainian
JA	Japanese	VI	Vietnamese
KH	Khmer (Cambodia)		
KO	Korean		
LA	Latvian		

16. Religion

Select and enter the appropriate Religion Code for each client listed.

BU	Buddhism
CA	Catholicism
CS	Christian Science
HI	Hinduism
IS	Islam
JU	Judaism
JW	Jehovah's Witnesses
NO	None
OT	Other
PR	Protestantism
SH	Shintoism
UK	Unknown

17. Marital: Status and Verification

a. Status

Select and enter the appropriate Marital Status code for each adult client listed. You may enter a marital code for children if you wish to note a marital status. If nothing is entered, it will be assumed that the child is unmarried.

DV	Divorced
MA	Married
NM	Never Married
SE	Separated-legally or by client declaration-If this code is used you still must verify the marriage if this is by client declaration.
WD	Widowed
UK	Unknown

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b. Verification

Select and enter the appropriate Verification code for each client listed.

1. Verification Letter sent to appropriate county
2. Verification received from county records and in case file
3. CFS 402
4. Client Declaration
5. Unable to Verify
6. Divorce Decree

18. Disabilities

A disability, as defined in the Americans with Disabilities Act of 1990 (ADA), means either:

- o a physical or mental impairment that substantially limits one or more of an individual's major life activities;
- o a record of such an impairment; or
- o being regarded as possessing such an impairment.

“Major Life Activities” are those basic activities that the average person can perform with little or no difficulty. These include walking, seeing, hearing, speaking, breathing, learning and working.

Disability Codes

Select and enter for each child and parent or head of household, the appropriate disability code(s) (1-38). A limited number of dual diagnosis codes have been included.

- o The primary disability code is required; the second and third disability codes are optional.
- o If the primary disability code is = 31, 16 or 32, no additional codes may be entered.
- o The values 31, 16 or 32 are reserved for the primary disability code only.
- o The disability codes 1-15 and 17-29 can be used in the primary or supplemental codes, as long as the codes are not duplicated.

Note: Codes 1-15, 17-29, 30 and 33-38 may be entered only when written documentation exists in the case record that a client has a disability as diagnosed by a duly licensed or credentialed professional.

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- 31. There are no indicators and no diagnosis by a Duly Licensed or Credentialed Professional (DLCP) that a disability exists.
- 16. Although there is no diagnosis by a DLCP, there are indicators that a disability exists. A referral will be made to a DLCP for a diagnostic evaluation. (This code must be revised *no later than 60 days after case opening* to reflect the results of the evaluation.)
- 32. The suspected disability of (A) a parent; or (B) a child in an intact family, cannot be confirmed or refuted by diagnostic procedures as the parent(s) is (are) refusing to consent to the necessary diagnostic evaluation. Refusal to cooperate is documented in the case note in the case record. Various casework methods/interventions will be used to try to persuade the parent(s) to consent to a diagnostic evaluation. Also, this code will be used in instances where the whereabouts of the child or a parent is unknown.

NOTE: *When a child who was previously being served as part of an intact family is placed in substitute care, the disability code for the child shall be updated, if necessary, within three working days of the worker's receipt of the result of the comprehensive assessment.*

When adding a new client on a blank line, up to three disability codes can be placed on the form as follows: the primary disability code should be placed in the white area in the HNDCP CODE column, the second disability code should be placed directly underneath the primary disability code in the pink area of the HNDCP CODE column, the handicap verification code should be placed in the white area of the HNDCP VER column as usual, and the third disability code should be placed directly underneath the handicap verification code in the pink area of the HNDCP VER column.

NOTE: A disability code may be placed in the space designated for the third code only if a code has been entered for the second disability.

For clients already entered in the system the HNDCP column on the turnaround document will contain an asterisk (“*”) and up to three disability codes will be printed in the LAST NAME column (in the pink correction area) as follows: “*HNDCP = <primary disability>, <second disability>, <third disability>”. Both disability corrections and last name corrections can be listed in any blank area on the form with an arrow indicating that changes have been made.

1. Adult With a Mental Disorder

Parent exhibits a mental disorder, which manifests a substantial functional impairment requiring treatment intervention and support likely to be of long duration. They may have a history of psychiatric hospitalizations or sustained treatment by a community mental health agency. Their primary diagnosis may meet the DSM-IV criteria of a mental disorder.

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2. Autism

Autism is a developmental disability which affects interpersonal relationships, socialization skills, ability to learn, and may create some unusual behaviors or stereotypic behaviors and/or rituals. It can prevent an individual from properly understanding what they see, hear and sense. Autism is behaviorally defined.

3. Blood Born Diseases *

Contagious diseases transmitted by exposure/contact with blood or blood products that are contaminated by the disease. HIV is the most prominent example of this disease. It is usually characterized by being a progressively degenerative disease until interrupted by death. This code should be used for all blood born diseases even if there is also a developmental disability or mental illness.

4. Cerebral Palsy

The parent or child exhibits manifestations of cerebral palsy to a severe degree with substantial functional limitations in three or more of the following areas of major life activity: self-care, language, mobility, self-direction, capacity for independent living. They require services similar to those required by an individual with mental retardation. (If the condition does not meet this level of severity, consider using the "Physically Disabled" code).

5. Child in Need of Mental Health Services

A child under the age of 21 years has a substantial impairment in role functioning as indicated by a DSM-IV diagnosis (including V-Codes) and who demonstrates behavioral and/or emotional responses so different from generally accepted age appropriate, ethnic or cultural norms as to result in significant impairment in self-care, social relationships, educational progress and behavior, work adjustment and/or family (or equivalent) adjustment.

6. Deaf

The child's or parent's sense of hearing is non-functional for the ordinary purposes of life and prevents the processing of linguistic information through hearing with or without amplification and adversely affects educational performance.

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7. Deaf/Blind

The child or parent has concomitant hearing and visual impairments, the combination of which causes severe communication and other developmental and educational problems that precludes him/her from proper accommodation in special education programs solely for the deaf or visually handicapped.

8. Developmentally Disabled/Substance Abuse

The parent or child exhibits the combination of a developmental disability and substance abuse.

9. Developmentally Disabled/Child in Need of Mental Health Services

The child exhibits the combination of a developmental disability and a severe emotional impairment.

10. Developmental Disability/Mental Disorder (Adult)

The parent exhibits the combination of a developmental disability and a mental disorder.

11. Developmentally Delayed

This code may be used for children; ages 0 - 3, where no other exceptional characteristic has been identified and they exhibit significant delay in meeting developmental milestones. These children may be enrolled in Early Intervention programs.

12. Mild Mental Retardation

The child's or parent's intellectual development, mental capacity, academic achievement and/or adaptive behavior are impaired to a mild degree with IQ functioning in the 50-69 range.

13. Moderate Mental Retardation

The child's or parent's intellectual development, mental capacity, academic achievement and/or adaptive behavior are impaired to a moderate degree with IQ functioning in the 35-50 range.

14. Severe Mental Retardation

The child's or parent's intellectual development, mental capacity, academic achievement and/or adaptive behavior are impaired to a severe degree with IQ functioning in the 20-35 range.

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15. Profound Mental Retardation

The child's or parents' intellectual functioning is impaired to profound degree with IQ functioning in the 0-20 range.

16. Indicators of a Disability/No Diagnosis by a DLCP

See primary disability codes at the beginning of this section.

17. Mental Retardation/Physically Disabled

The child or parent exhibits mental retardation *and* one or more physical disabilities.

18. Medically Complex/Developmentally Disabled *

Children who are chronically disabled or impaired by a congenital disorder, disease or trauma. They are technology dependent and/or require specially trained caregivers who can provide intense personal care to maximize the capabilities of the child and minimize the effect of the disability. The condition may or may not be correctable by medical intervention. (To use this code, the child must also be diagnosed developmentally disabled.)

19. Epilepsy

The parent or child exhibits manifestations of epilepsy (seizure disorder) to a severe degree with substantial functional limitations in three or more of the following areas of major life activity: self-care, language, mobility, self-direction, capacity for independent living. They require services similar to those required by an individual with mental retardation.

20. Hard of Hearing/Hearing Impaired

The child's or parents' residual hearing is not sufficient to enable him/her to understand the spoken word and to develop language, thus causing extreme deprivation in learning and communication.

21. Medically Complex/Not Developmentally Disabled *

Children who are chronically disabled or impaired by a congenital disorder, disease or trauma. They are technology dependent and/or require specially trained caregivers who can provide intense personal care to maximize the capabilities of the child and minimize the effect of the disability. The condition may or may not be correctable by medical intervention. (To use this code the child must not be diagnosed developmentally disabled, but may have a mental illness.)

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22. Physically Disabled

The child or parent exhibits an orthopedic impairment, which interferes with his/her learning and/or requires adaptation of the physical plant. The term includes impairments caused by congenital anomaly, disease or other causes including epilepsy, spinal bifida, cerebral palsy, amputations, fractures, or burns which cause contracture. The term also includes individuals who exhibit other health impairments, either temporary or permanent, which interfere with learning.

23. Specific Learning Disability

The child or parent exhibits a disorder in one or more basic psychological processes involved in understanding or in using language, spoken or written, which may manifest itself in an imperfect ability to listen, think, speak, read, write, spell, or to do mathematical calculations. Such term includes conditions as perceptual handicaps, brain injury, minimal brain dysfunction, dyslexia, and developmental aphasia.

24. Speech and/or Language Impairment

The child or parent exhibits deviations of speech and/or language processes which are outside the range of acceptable deviation within a given environment and which prevent full social or educational development.

25. Alcohol Abuse

The child or parent exhibits frequent use of alcohol, which interferes with their ability to function and whose level of dependency and dysfunction will more likely require treatment service intervention.

26. Drug Abuse

The child or parent exhibits frequent use of drugs, which interferes with their ability to function and whose level of dependency and dysfunction will more likely require treatment service intervention.

27. Traumatic Brain Injury

An injury to the brain not of a degenerative or congenital nature, but an injury caused by an external physical force that may produce a diminished or altered state of consciousness which results in an impairment of cognitive abilities or physical functioning. It can also result in the disturbance of behavioral or emotional functioning. These impairments may be temporary or permanent and cause partial or total functional disabilities or psychosocial maladjustment.

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28. Visual Impairment

The child's or parents' visual impairment, even with correction, adversely affects his/her social and/or educational performance. The term includes both partially sighted and blind.

29. Substance Abuse

The child or parent exhibits frequent use of drugs or alcohol, which interferes with their ability to function and whose level of dependency and dysfunction will more likely require treatment service intervention.

30. Diabetes

Diabetes is a clinical condition characterized by the excessive excretion of urine and persistent thirst. The excess may be caused hyperglycemia (elevated blood sugar) as seen in *diabetes mellitus* or a deficiency of an antidiuretic hormone as in *diabetes insipidus*.

Diabetes mellitus:

This condition is generally inherited and characterized by elevated levels of glucose (sugar) circulating in the blood stream. It is caused by the inability of the pancreas to produce or secrete enough insulin to regulate the level of glucose in the body.

Types of diabetes mellitus:

Insulin dependent (iddm) or Type 1 diabetes: This type of diabetes may also be called “juvenile-onset diabetes”, “ketosis-prone diabetes”, or “brittle diabetes”. The onset of this type of diabetes is typically found in childhood and adolescence but can be at any age. This condition is more common in children than adults. Type 1 diabetes always requires insulin for treatment and control.

Non-insulin dependent (niddm) or Type 2 diabetes: This type of diabetes may be called “adult-onset diabetes”, “maturity onset diabetes”, “non-ketosis diabetes”, or “stable diabetes”. Adolescents with this form of diabetes are obese. Often Type 2 diabetes can be controlled through losing weight, improved nutrition and exercise alone, but many people may need oral medications and/or insulin to control their diabetes.

Diabetes insipidus: This condition can be acquired through head trauma, brain tumors, inherited conditions, or kidney abnormalities.

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31. **No Indicators of a Disability/No Diagnosis by a DLCP**

See primary disability codes at the beginning of this section.

32. **Suspected Disability/Refusal to Cooperate with Diagnostic Procedures**

See primary disability codes at the beginning of this section.

33. Asthma

Asthma is a condition in which the airways of the lungs become either narrowed or completely blocked through increased mucus, spasms or swelling of the air tubes and thus impede normal breathing. With asthma this obstruction of the lungs is reversible, either spontaneously or with medication. Genetic factors, allergic factors, infections and acute and chronic stress can each individually or combine together produce this disease. Asthma can be a life-threatening disease if not properly managed but is deemed a disability only to the extent that it limits one or more major life activities.

34. **Asperger's Disorder**

Asperger's Disorder is a developmental disability, which affects social interaction, occupational performance and/or other areas of functioning. The disorder produces restricted repetitive and stereotyped patterns of behavior, interest and activity. According to the DSM-IV there are no *clinically significant* delays in language, cognitive development or in the development of appropriate self-help skills.

35. **Pervasive Developmental Disorder**

According to the DSM-IV, this category should be used "when there is a severe and pervasive impairment in the development of social interaction or verbal and nonverbal communication skills, or when stereotyped behavior, interests, and activities are present, but the criteria are not met for a specific Pervasive Developmental Disorder, Schizophrenia, Schizotypal Personality Disorder, or Avoidant Personality Disorder."

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36. Genetic Disorder

Genetic Disorder: is a condition caused by the absence of a gene or the product of a defective gene. The genetic makeup of individuals, as members of a larger group, influences the degree to which he or she is susceptible to a disorder or disease organism. This may be the result of an inherited lack of resistance to a disease; a trait that is advantageous in one environment, but disadvantageous in another; or the result of intermarriage within a relatively small range of geographic, ethnic or religious restrictions. A genetic disorder can be a life-threatening disease if not properly managed but is deemed a disability only to the extent that it limits one or more major life activities

37. Substance-Related Disorder

Substance-Related Disorder: may result from exposure to a wide range of chemical substances such as alcohol and drug abuse, medication side effects and poisonous toxins taken intentionally or unintentionally. Typically someone with substance-related disorder would exhibit an impairment of cognition or moods but the disorder is also associated with anxiety, hallucinations, delusions or seizures. Physical manifestations such as seizures are also possible. A substance-related disorder can be a life-threatening disease if not properly managed but is deemed a disability only to the extent that it limits one or more major life activities.

38. Medication-Induced Disorder

Medication-Induced Disorder: is a disorder thought to be caused by exposure to medication when the medication side effects become the main focus of clinical attention. A medication-induced disorder can be a life-threatening disease if not properly managed but is deemed a disability only to the extent that it limits one or more major life activities

- * Examples of medically complex illnesses include Nutrition, Pulmonary, Neuromuscular, Kidney, Endocrinological, Cancer, Hematology, Infectious Diseases, Orthopedic and Cardiac problems. Notable conditions that are included are: Burns, Ventilator Dependent, Gastrostomy, Drug Addicted at Birth, On an Apnea Monitor, Cystic Fibrosis, Colostomy, Hepatitis, Diabetes, and Spina Bifida. Behavioral and emotional maladjustments are commonplace with these ailments.

At the first ACR, after the child goes into placement, the ACR reviewer shall confirm with the worker the accuracy of the disability code for the child and shall, if necessary, advise the worker to change the code in the CYCIS system if the ACR reviewer determines that the Code has *not* been changed to reflect the results of the comprehensive assessment.

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b. Verification

Select and enter the appropriate Verification code for each Handicap code entered.

- | | |
|---|---|
| D | Diagnosed by a Professional and documentation in record |
| S | Suspected by worker |

19. Subject ID

When opening a child case as a result of a pending or indicated child abuse or neglect investigation, the investigator will be required to have a subject I.D. on each child case opened. The subject I.D. must be data entered into CYCIS for the case to be opened.

Subject I.D.'s are assigned by the State Central Register upon receipt of the report. Subject I.D.'s of known subjects come preprinted on the CANTS 2 and on the CFS 1410, Case Registration Form. If the CANTS 2 or the CFS 1410 have not yet been received by the investigator and a subject I.D. is immediately needed to open a CYCIS case, the investigator may obtain the information in the following ways:

- A "Look-Up" screen has been added to the Investigative Caseload Management System (ICLM) for child protection and specified follow-up staff to look up involved subject identification numbers from the CANTS system. Any subject who is known to the CANTS system will have a subject I.D. available on the ICLM. By entering the SCR number and sequence, a list of subjects in the investigation will appear. Identifying information such as name, age, subject I.D., CYCIS I.D. and involvement code will appear.
- If for some reason the ICLM system is not available (such as after hours or weekend), the investigator should contact the SCR data entry line at (217) 782-6937 to obtain the subject number of a known subject. If the data entry line is not available, the SCR field line at 1-800-847-2152 should be contacted.

If the investigator plans to open a case on a child who was not originally a subject of the CA/N report but is being added to the report, the following process should be followed:

- Contact the SCR data entry line at (217) 782-6937 and request to add a subject to a "pending" investigation. The data entry staff person will require that you provide the SCR number and name in which the report is registered. They will also need identifying information about the child to be added including the name, birth date, race, involvement, allegation(s) and whether protective custody was taken. SCR data entry staff will immediately, whenever possible, provide a subject number.
- If a child case is to be opened in such an "add on" situation and there was no DCP report on the particular child, the case should be opened using the Reason for Case Opening Codes for Child Cases found in Section B.3 of these procedures.

If the allegations are unfounded, cross out the Subject I.D. number.

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20. Add Ref

Address Reference - Enter letter "A" by the first address listed, a letter "B" by the second address listed and so on.

21. Residence/Mailing Address

Enter each different Residence and Mailing Addresses for the clients listed. Make certain that the State, ZIP Code and County are listed for each address. Also make certain to list the corresponding Home Telephone number, including the Area Code. If the address is unknown, print "unknown" in this area.

NOTE: If all the clients listed share the same address, list the address once.

22. Work Telephone Numbers

If any of the clients has a work telephone number, enter the appropriate Client Reference number and that client's telephone number at work. Make certain to include the Area Code.

23. Also Known As

If a client has one or more aliases (names, other than the one listed, which he or she has used), enter the client's Reference number and his/her alias. If there are more than eight aliases for the family, use a new IL-418 1410, Registration/Case Opening. Enter all client maiden names in this area. *Do not enter an adopted child's former name as an alias.*

24. Death Notification

If any client listed at the top of the page is dead, enter that client's Reference Number, and the 6-digit date of death. If the date is unknown, enter 01/01/01. Enter the city, state, and county codes for where the death is registered.

Verification Codes

1. Death certificate in case record
2. Medical records
3. Written statement from undertaker or cemetery official
4. Social Security records
5. Veterans Administration records
6. DPA 97
7. CFS 402
8. Unable to verify

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25. Relationship Matrix

Enter the Ref Number of each child client down the left side of the matrix. Enter the Ref Number of each adult/caretaker across the top of the matrix. For each adult/caretaker:

- o Enter the appropriate Relationship code for each client.
 - AU Aunt/Uncle
 - GP Grandparent
 - LP Legal Parent
 - NP Natural Parent
 - NR Not Related
 - PF Putative Father
 - PS Non-related Parent Substitute
 - OR Otherwise Related
 - SP Step-parent
- o Put a check mark in the "PR" box only if that adult/caretaker has legal parental rights to that child/client.
- o If you are entering more than four caretakers and/or more than ten children, use another Case Registration/Case Opening Form(s).

CASE OPENING

This part of the form may be used to open one (1) family case and/or nine (9) child cases. If there are more children, use an additional Case Registration/Case Opening form. Enter the family name and worker name on the additional form.

A. To Open a Family Case

If a family case is to be opened, complete the sections of the CFS 1410 as described below. In addition, if an intact family is to be opened for an abuse or neglect reason, enter the head of the household CANTS Subject ID onto the CYCIS screen CR-03 to link the CANTS and CYCIS cases.

If the head of household is not a subject of the report and does not have a Subject ID such as in the case of a school report, contact SCR and ask to add the adult head of household as a non-involved subject on the CANTS report.

NOTE: Use the first line of each column (across).

1. Reference Number

Enter an "F" in this box.

2. Open Date

Enter the 6-digit numerical month, day and year date on which the case is opened.

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3. Reason for Case Opening

Select and enter the appropriate Reason code. If the reason for continued services changes, the change is to be indicated on the CFS 1420, Case Review Form.

- AB** Abuse – The Child Protection Investigation staff has a pending investigation or has indicated an allegation of abuse (excludes sexual abuse) in the family and services are needed in order to protect the child.
- AD** Adoption – The parents wish to surrender the child for adoption.
- CA** Court-Ordered Abuse Services – The court has ordered services to the family because of abuse to the children.
- CB** Child's Behavior Problem – The family and/or child is in need of service because the child is behaving in such a manner that the parent or caretaker is unable to care for the child without help. This would include court adjudicated delinquent children, MRAI, status offenders, and runaway children from other states.
- CI** Child's Illness or Handicap – The family and/or child is in need of service because the child's physical condition requires so much care and/or is so stressful that the parent or caretaker is unable to care for the child without help. This refers to physical and emotional illnesses.
- CN** Court-Ordered Neglect Services – The court has ordered services for the family because of neglect of the children.
- DF** Donated Funds
- DP** Dependency – The family and/or child is in need of service because the family is unable to provide care for the child(ren) because of circumstances, which are beyond their control, e.g. parental death, illness or incarceration.
- NG** Neglect – The family and/or child is in need of service to protect the child due to a neglectful situation, which has been indicated by the Child Protection Investigation staff or for which there is a pending investigation.
- PA** Post Adoption – Post adoption services are being provided to an adoptive family to support the adoptive placement and reduce the risk of adoption dissolution.
- PC** Parent-Child Relationship Problems – The family and/or child is in need of services because the relationship between the parent and the child is so poor that the parent is unable to care for the child.

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- PF Putative Father – A man is in need of Department services because he is or will be the father of a child born to a woman to whom he is not married and the situation may create a problem in caring for the child.
- PS Preventive Services – Services are being provided to the family in order to prevent abuse or neglect from occurring. An allegation of abuse or neglect has not been founded.
- SA Sexual Abuse – The Division of Child Protection has a pending investigation or has indicated an allegation of sexual abuse (18, 19, 20, 21) in the family and services are needed in order to protect the child.
- SO Services to Other Agency – Services are provided to a family at the request of another agency.
- UM Unwed Mother – A woman is in need of Department services because she is or will be the mother of a child who is not fathered by her husband and the situation may create a problem in the child's care, if she is a child, or in the child's care.
- YI Governor's Youth Initiative – The family and/or child is in need of services under the Governor's Youth Initiative program.

The following reason codes are to be used for case openings when an intact family is being served by a purchase of service provider for services involving full case responsibility, including intact family services or family preservation, or case management/counseling. If these services are terminated but the case is to remain open for other Department services, indicate the reason for continued services on the CFS 1420, Case Review Form.

- AF Investigation staff have a pending investigation or have indicated an allegation of abuse in the family and purchased services involving full case responsibility are being provided.
- DA DASA Services – An intact family case is opened due to either an indicated or unfounded report of child abuse or neglect in which alcohol or other substance abuse is a major factor in the family situation and the family has been referred for services to a Office of Alcoholism and Substance Abuse (OASA) funded program.
- IF An investigation of alleged child abuse, neglect or sexual abuse is in process, a final finding has yet to be made and purchased services involving full case responsibility are being provided.
- NF Investigation staff have indicated a pending investigation or have indicted an allegation of neglect in the family and purchased services involving full case responsibility are being provided.

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- SF Investigation staff have a pending investigation or have indicated an allegation of sexual abuse in the family and purchased services involving full case responsibility are being provided.
- UF Unfounded Family Preservation – Investigation staff have unfounded the report alleging child abuse, child sexual abuse or neglect, and purchased services involving full casework responsibility which have been initiated by investigative staff will continue because the family can benefit from the services and has agreed to continue receiving them.

The following reason codes are to be used when at least one child is being served by Family Reunification services:

- AR Investigation staff have a pending investigation or have indicated a report of child abuse in the family and purchased services involving full case responsibility are being provided to facilitate the return home of the child.
- NR Investigation staff have a pending investigation or have indicated a report of neglect in the family and purchased services involving full case responsibility are being provided to facilitate the return home of the child.
- SR Investigation staff have a pending investigation or have indicated an allegation of sexual abuse in the family and purchased services involving full case responsibility are being provided in order to facilitate the return home of the child.
- UR Unfounded Family Reunification – Investigation staff have unfounded a report of child abuse/neglect in the family and purchased services involving full case responsibility are being provided to facilitate the return home of the child.

4. Prior Eligibility Indicator

Make no entries in this section for a family case. This space is to be used only for child cases that are opened for adoption assistance.

- N None-If the child was not eligible prior to adoption for Aid to Families with Dependent Children, -- foster care (AFDC-FC) -- and was not eligible for SSI benefits.
- A If the child was eligible for Aid to Families with Dependent Children-foster care (AFDC-FC) prior to adoption.
- S If the child was eligible for SSI benefits prior to the adoption.

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5. Region/Site/Field

- o Enter the appropriate 2-digit code for the Region where the worker is located who carries responsibility for the family case.
- o Enter, in Region 2B only, the appropriate 2-digit code from the Site where the worker is located who carries responsibility for the family case.
- o Enter the appropriate 2-digit code for the field office where the caseworker is located who carries responsibility for the family case.

6. Assigned Caseworker

Enter the full name--last name and then first name--ID Number of the worker assigned to the Family Case.

B. Child Case

For *each* Child Case opened, the following sections must be completed. The child case may *not* be opened unless the Department has a legal relationship with the child and the CFS 1425L is accompanying this form (except for unwed mothers and for children for whom the Department is subsidizing an adoption).

1. Reference Number

Enter the Client Reference Number (as listed at the top of this form) of the child for whom a Child Case is being opened.

2. Open Date

Enter the 6-digit month, day and year date on which the case is opened.

3. Reason for Case Opening

Select and enter the appropriate Reason for Case Opening code. If the reason for continued services changes, the change is to be indicated on the CFS 1420, Case Review Form.

AA Adoption Assistance – The child is opened to CYCIS because he or she has been adopted under the adoption assistance program.

AB Abuse – Department services are needed in order to protect the child or children from abuse (excludes sexual abuse). This allegation of abuse must have been indicated by Child Protection Investigation staff or CPS has an investigation pending.

AD Adoption – The child is in need of services as surrenders of parental rights (one or two parents) to the Department has occurred

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- CA Court-Ordered Abuse Services – The court has ordered services because of the abuse of children.
- CB Child's Behavior Problem – The child is in need of service because the child is behaving in such a manner that the parent or caretaker is unable to care for the child without help. This would include court adjudicated delinquent children, MINS, status offenders, and runaway children from other states.
- CH Cuban/Haitian Unaccompanied Minor – An unaccompanied Cuban/Haitian refugee minor who has been referred to the Department and is in need of assistance. Assistance is provided under the Refugee Education Assistance Act of 1980.
- CI Child's Illness or Handicap – The child is in need of service because the child's physical condition requires so much care and/or is so stressful that the parent or caretaker is unable to care from the child without help.
- CN Court-Ordered Neglect Services – The court has ordered services because of neglect of the children.
- DP Dependency – The child is in need of service because the family is unable to provide care for the child(ren) because of circumstances which are beyond their control, e.g. parental death, illness, incarceration, or mental retardation.
- NG Neglect – The child is in need of service in order to protect the child due to a neglectful situation that has been indicated by Child Protection Investigation staff or CPSW has an investigation pending.
- PC Parent-Child Relationship Problems – The child is in need of services because the relationship between the parent and the child is so poor that the parent is unable to care for the child.
- RA Refugee Assistance for Unaccompanied Minors – An unaccompanied refugee minor (excluding Cuban/Haitian unaccompanied minors) who has been referred to the Department and is in need of assistance. Assistance is provided under the Refugee Act of 1980.
- SA Sexual Abuse – Department services are needed to protect the child/children from sexual abuse (allegations #18, 19, 20, 21) as indicated by Child Protection Investigation staff or CPS staff has an investigation pending.

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- UM Unwed Mother – A woman is in need of Department services because she is or will be the mother of a child who is not fathered by her husband and the situation may create a problem in her care, if she is a child, or in the child's care.
- YI Governor's Youth Services Initiative – The child is in need of services under the Governor's Youth Services Initiative program.

The following reason codes are to be used for case openings when a family is being served by a purchase of service provider for services involving full case responsibility, including intact family services or family preservation, or case management/counseling and at least one child is being served by Family Reunification services. If these services are terminated but the case is to remain open for other Department services, indicate the reason for continued services on the CFS 1420, Case Review Form:

- AR Investigation staff have indicated a report of child abuse in the family or CPS staff has an investigation pending and purchased services involving full case responsibility are being provided to facilitate the return home of the child.
- NR Investigation staff have indicated a report of neglect in the family and purchased services involving full case responsibility are being provided to facilitate the return home of the child or CPS staff has an investigation pending.
- SR Investigation staff have indicated an allegation of sexual abuse in the family or CPS staff has an investigation pending and purchased services involving full case responsibility are being provided in order to facilitate the return home of the child.
- UR Unfounded Family Reunification - Investigation staff have unfounded a report of child abuse/neglect in the family and purchased services involving full case responsibility are being provided to facilitate the return home of the child.

4. Region/Site/Field

- o Enter the appropriate 2-digit code for the Region where the Child Case will be carried.
- o In Region 2B, enter the appropriate 2-digit code for the Site where the Child Case will be carried.
- o Enter the 2-digit code for the field office of the worker who has responsibility for the child's case.

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5. Case Closing

Do not enter any information here.

6. Assigned Caseworker

Enter the full name--last name, first name--and the ID Number of the worker assigned to each Child Case opening.

7. Social Security Number Information

A. Client ID

Client ID numbers will be pre-printed for all family members.

B. SSN

Enter the social security number of all of the individuals (both adults and children) within the family.

C. Corrections

Enter corrected Social Security Number if preprinted number is incorrect.

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ELIGIBILITY I

- PURPOSE:** This form records financial information for all families including intact family cases and families with children in placement. This information is needed for Federal reimbursement claiming purposes and is used to determine the Title IV-E eligibility, Medical Benefits, COBRA payments, and parental liability for placement cases as well as Emergency Assistance (Title IV-A) benefits for both intact family and placement cases.
- WHO COMPLETES IT:** This form is completed by the worker at the request of the central office Federal Financial Participation Division (FFPD) and at the time of the six month redetermination for family with children in placement.
- SPECIAL NOTES:** If the FFPD is able to collect all of the necessary information for determination of federal benefits, the information will be data entered into CYCIS by the FFPD. A computer generated Eligibility I showing this information will be sent to the worker to be used for the six month redetermination for families with children in placement.
- If the FFPD is **not** able to collect all of the necessary information, a computer generated Eligibility I will be sent to the worker requesting completion of the form. A message at the bottom of the Eligibility I will inform the worker of the due date for completing and submitting the Eligibility I to data entry. Only one form is used for each family, regardless of the number of child cases opened. When completing an initial Eligibility I, enter the information in the areas above the shaded areas. Particular attention should be given to getting Social Security numbers for children and parents. Social Security numbers are critical for determining eligibility and/or benefits. Data entry will transmit the information to the FFPD as a CM15 transaction #1 (initial application).
- This computer generated Eligibility I also is used for updating income information during the redetermination process. The caseworker should show any changes in either the parents' or the child's income on the Eligibility I when completing a

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redetermination. When updating the Eligibility I information, do not cross out the printed information unless correcting error. Write in the updated information for the individual for whom the change is being reported on the shaded area below what is printed on the computer generated Eligibility I. The Eligibility I does not need to be data entered if no changes are made.

FILING INSTRUCTIONS

All eligibility forms should be filed in Section IV of the case file, the financial section.

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Only one form is used for each family, regardless of the number of children's cases opened. Enter all missing or updated information on the computer generated Eligibility I above the shaded area.. When no family case is opened, but a child case is opened, complete the form on behalf of the child, e.g. unwed mothers. Use the child's name when asked for a client name.

1. Family Name

Enter the client's family last name.

2. ID Number

Enter Family ID Number as shown on the Registration/Case Opening Form.

3. Caseworker

Enter the last name and then the identification number of the worker who has responsibility for the family case.

4. RG/ST/FD--Region/Site/Field

- ☐ Enter the appropriate 2-digit code for the region of the worker who has responsibility for the family case.
- ☐ In Region 2B only, enter the 2-digit code for the site office of the worker who has responsibility for the family case.
- ☐ Enter the 2-digit code for the site office of the worker who has responsibility for the family case.

5. Client Reference Number

Each client (including children) in the family must be listed. This includes adults living in the household and other adult family members who may live elsewhere. Enter a "1" for the first client listed, a "2" for the second client listed, etc. These have no relationship to the reference numbers on any other form. It does not matter if the client reference number for the same client is different on each form.

6. Client Name

Enter the last name of the client, then first name and then middle initial.

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7. Client ID

Enter the client identification number from the Registration/Case Opening form.

8. Labor Force Status

Enter one of the following codes which describes the client's employment status.

- 01 Full Time-Employed over 30 hours per week.
- 02 Part Time-Employed under 30 hours per week but more than 10.
- 03 Unemployed-Working less than 10 hours per week and earning less than \$30.00 or not working.
- 04 Unemployable-Incapable of maintaining employment.
- 05 Unknown
- 06 Not Applicable

9. Social Security Number

Enter the Social Security number of the client. This information is critical for obtaining benefits and required for obtaining Medicaid.

10. Date SSN Applied For

If the client has no Social Security number, enter the date on which an application was made.

11. Employer Name

List the name of the company where the client is employed or employer's name. If the client is self-employed, enter "self." Leave blank if there is no employer.

12. Guardian of Estate

Complete this field only if the court has appointed a guardian of the estate. Enter the name of the person who is the guardian of the estate for the child(ren) in the family. If there is more than one other than parents, use another form.

- AT Attorney
- BK Bank
- NR Not Reported
- OT Other Person
- PA Parents

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RE Relative
UK Unknown

Street

Enter the street address of the guardian of the estate.

City

Enter the city where the guardian of the estate lives.

State

Enter the state code for the state where the guardian of the estate lives. Codes are given in the instructions for the Assessment form on page 4 and 5.

ZIP Code

Enter the ZIP Code for the address of the guardian of the estate.

13. Client Reference Number

Enter the reference number of the client listed above for whom you are reporting financial information on this line. You will enter the same client reference number more than once if he or she has more than one income source.

14. Financial Type Code

- 00 None - The child or family has no income or assets.
- 01 Employee Gross Earned Income - Gross earned income is that remuneration acquired through the receipt of wages, commissions, salary or tips for services performed as an employee.
- 02 Self-Employed Income - Earned income with respect to self-employment means the total profit from business enterprise, farming, etc., resulting from a comparison of the gross income received with the "business expenses," i.e., total cost of the production of income. Personal expenses, such as income tax payments, lunches, transportation to and from work, are not classified as business expenses.
- 03 Other Earned Income - Gross earned income not specified elsewhere.

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- 04 Group Health Insurance Premiums - Payment is considered as an employment expense if having group health insurance is mandatory as a condition of employment.
- 05 RSDI-Retirement, Survivors and Disability Insurance - Benefits paid out by the Social Security Administration for:
- retired workers age 62 and over;
 - insured disabled under retirement age; and
 - under certain conditions, wives, divorced wives, husbands, children (including step children and adoptive children), widows, widowers, and parents of insured individuals.

This income should be reported for the individual who is the recipient of those benefits - not always the payee.

- 06 SSI-Supplemental Security Income - Income received from SSA because client has been determined blind, disabled or indigent by the SSA and is not eligible for R.S.D.I.
- 07 Railroad Retirement - Money received by children of deceased railroad employees providing that the children meet certain eligibility requirements.
- 08 Veteran's Administration Benefits - Benefits given by the Veteran's Administration to veterans or to dependents or survivors of veterans.
- 09 Workmen's Compensation Benefits - Compensation received by an employee or his dependents for injuries sustained in the line of duty, for disease contracted through the occupation, or for death due to injury or disease.
- 10 Servicemen's Dependents' Allowance - Allotment received by a dependent of a responsible relative who is in the military service.
- 11 Unemployment Insurance - Benefits received by an unemployed individual in the form of a warrant from the State.
- 12 Union Benefits - Benefits received from a union for retirement, survivor's benefits, disability, etc.
- 13 Hospital/Medical Insurance Benefits - Benefits received from or could be received from an insuring group for hospitalization and medical coverage/disability benefits.

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- 14 Lump Sum Payments - Non-recurring income received in one lump sum e.g. inheritance of money, income received as the result of a judgment, and income tax refund.
- 15 Non-exempt Income from Educational Loans & Grants - Income from educational loans and grants that are used for current living costs.
- 16 Non-Exempt SSA Benefits not used for Education Expenses - Any portion of the SSA benefit not used for educational expenses.
- 17 Trust Fund (other than DCFS) - The amount of income realized from any established trust that the client may have.
- 18 Income Realized from Sale of Real Property - Income received from the sale of either homestead or non-homestead real property.
- 19 Voluntary of Court-Ordered Contributions - Money received in the form of child support, alimony or other court ordered payments.
- 20 Federal, State, or Municipal Retirement - Benefits available for retired government employees or their survivors or dependents.
- 21 Private Pension Benefits - Benefits received from a private person for retirement, survivor's benefits or dependent's benefits.
- 22 Other Unearned Income - Any non-exempt unearned income not reported elsewhere.
- 23 Checking Account - The amount of cash in the checking account at the time of application.
- 24 Cash on Hand - The amount of cash on hand that is not included in a checking account.
- 25 Life Insurance - The cash value of a life insurance policy owned by the parents of a client or by the client.
- 26 Recreational Motor Vehicles - The equity value of any recreational motor vehicle that is not the primary source of transportation of family or client.
- 27 Stocks/Bonds - The equity value of any stocks or bonds which a family or client owns or has an interest in.

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- 28 Prepaid Burial - The value of a prepaid burial plan that has been contracted into with a funeral home.
- 29 Non-DCFS Trust Balance - The balance of that trust fund.
- 30 Savings Account - The balance of any savings account that the client or family has.
- 31 Investment - Any income produced from investments made such as purchase of real estate, purchase of land, etc.
- 32 Non-Homestead Property - Real property which is not occupied as a dwelling by the owner.
- 33 Other Personal Property - The value of any personal property that is owned by the family or client and is not land or permanently affixed to land that is not listed elsewhere.
- 34 Contents of Safety Deposit Box - The value of the contents of any personal property that the client or family owns and is not listed elsewhere.
- 35 Other Assets - The value of any asset that is not listed elsewhere.
- 36 Black Lung (Miner's) Benefits - The amount of benefits that the client or family is entitled to from the Social Security Administration.
- 37 General assistance, township relief, or benefits from the Department of Public Aid.
- 38 Unable to determine.
- 99 Client refused to give information.

15. **Financial Type**

Leave this space blank.

16. **Financial Amount**

Enter amount of income.

17. **Frequency**

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Enter the code letter which indicates the frequency with which the client receives the amount of income.

D	Daily	Y	Yearly
W	Weekly	T	Every Two Weeks
M	Monthly	L	Lump Sum
B	Bimonthly		

18. Effective Date

Enter the 6-digit month, day and year of the effective date. For the initial determination, this is the legal date for placement cases and the date of initial involvement for intact families. For redeterminations, this is the date on which the income changes.

The data entry screen for financial information, CR-05, captures historical financial information. The first screen will show the most current information based upon the most recent effective date. All information with the same effective date will be displayed upon the same screen. If additional screens are available, the message "MORE DATA AVAILABLE" will appear at the bottom of the screen. Use the **PF7** key to scroll through the screens.

IMPORTANT DATA ENTRY INFORMATION: Use PF1 for all initial entries and updates. Use PF2 only for correcting entries.

19. Verification Code

- 01 Employer's Statement
- 02 Foster Parent's Statement
- 03 Child's Statement
- 04 Pay Stubs
- 05 Union Records
- 06 DPA 266 Verification of Employment
- 07 Social Security Records
- 08 Court Records
- 09 DCFS Central Office Records
- 10 SSA-1610-Public Assistance Agency Request and Report
- 11 DPA 213-Railroad Retirement Benefit Information
- 12 DPA 66-Request for Information on Allotment to Dependents of Army Personnel
- 13 Bank Book or Statements
- 14 Deeds or Contracts
- 15 Insurance Policies
- 16 Contents of Safety Deposit Boxes

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- 17 Stock Certificates
- 18 Certificates of Deposit
- 19 Corporate or Municipal Bonds
- 20 U.S. Savings Bonds
- 21 DPA 922-Life Insurance Review
- 22 DPA 46-Bank Inquiry
- 23 DPA 8-Real Property Record
- 24 Federal W-2 Form
- 25 Verification by public assistance agency (DPA or local assistance)
- 26 Unable to verify

20. **Signatures**

The worker signs her/his name here which indicates that the information on the form is correct to the best of her/his knowledge.

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ELIGIBILITY II

PURPOSE: This form is used to record information necessary to determine if children with whom the Department has a legal relationship are eligible for Medical Benefits, Title IV-E claiming and for legalization services under the Immigration Act of 1990.

WHO COMPLETES IT: The worker opening the family and child(ren) cases completes this form upon request by the central office Federal Financial Participation Division (FFPD) and at the time of the six month redetermination

SPECIAL NOTES: This form is to be completed only for a child with whom the Department has a legal relationship and is placed in substitute care.

If the FFPD is able to collect all of the necessary information for determination of federal benefits, the information will be data entered into CYCIS by the FFPD. A computer generated Eligibility II showing this information' will be sent to the worker to be used for the six month redetermination. One form will be generated for each child.

If the FFPD is not able to collect all of the necessary information, a computer generated Eligibility 11 is sent to the worker requesting the completion of the form. A message at the top of the Eligibility II will inform the worker of the due date for completing and submitting the Eligibility II forms to data entry. Data entry will transmit the information to the FFPD as a CM 15 transaction #1 (initial application).

The computer generated Eligibility II is also used every six months as part of the redetermination process for families with children in placement. If the Central Office prepared the initial Eligibility II, then the initial school information and Section E, Authority for DCFS Responsibility, will be collected at this time. If the caseworker prepared the initial Eligibility II, then the school information should be updated at this time. One form is

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completed for each child in placement. No information has to be entered by the worker if the information on the Eligibility 11 is current and accurate, but the Eligibility II still should be submitted to data entry and entered as a CM 15 transaction #2 (redetermination).

School information will be collected or updated by the worker at the six (6) month redetermination instead of during the initial application.

FILING INSTRUCTIONS

All eligibility forms should be filed in Section IV of the case file; the financial section.

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One form is completed for each child in placement.

1. Caseworker Name and ID Number

Enter the name and identification number of the DCFS worker who has responsibility for serving this child.

2. Initial Application

Check this box if the child is a new opening or reopening to CYCIS and you are reporting eligibility for the first time, this opening.

3. Redetermination

Check this box if you are completing the form because of a six month redetermination or because income information has changed since your previous report.

4. Reinstatement

Check this box if the child eligibility is being reinstated. Use this when the child's eligibility was cancelled or denied for medical assistance and the reason for cancellation or denial no longer exists.

5. Date

Enter the six digit month, day and year date on which you are completing this form.

6. Child Name

Enter the name of the child for whom you are completing this form. Enter the last name first, then first name and then middle initial.

7. ID

Enter the case identification number of the child.

8. RG/ST/FD

- o Enter the two digit code which identifies the region of the child's worker.
- o Enter, in Region 2B only, the two digit number which identifies the site office of the child's worker.

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- o Enter the two digit number which identifies the field office of the child's worker.

A. DPA Information

- o Child's DPA Recipient #

If the child received Aid to Families with Dependent Children in this living situation prior to DCFS placement, enter his or her recipient number here.

- o Are Parents Currently DPA Recipients

Enter a "Y" if parents are current recipients. Enter an "N" if parents are not current recipients.

- o Parent's DPA Case #

If the parents have received or currently receive financial benefits from the Department of Public Aid, enter the number here.

- o DPA Case Name

Enter the last name under which the parents receive financial or medical benefits from the Department of Public Aid.

- o Child's Most Recent DPA Case # If Different From Parents

Enter the child's number that child was included in during the month in which court action was initiated only if it differs from the Parent's DPA case number given above.

B. AFDC/MANG #

Effective Date

Leave this section blank. The computer will preprint it on the turn around form.

C. Citizenship Status

Enter in the box one of the following codes which is appropriate. Leave the next long space blank, it will be for preprinted computer information.

- 1 Birth-U.S.A.

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- 2 Naturalization
- 3 Lawfully Admitted Resident
- 4 Undocumented Resident

Verification

Verification is required for children, but not adults. Enter one of the following codes in the box when the noted document/information has been viewed and/or copied for the case file. Leave the next long space blank, it will be used for preprinted computer information.

- 1 Birth Certificate
- 2 Citizenship Papers
- 3 Alien Registration/Resident Card
- 4 DPA 2029-Request for Citizenship/Alienage Verification
- 5 CFS 402-Request for Vital Records Verification
- 6 Refugee Assistance Medical Card (DPA 469)
- 7 1-94 Arrival/Departure Card (INS)
- 8 Verification of Undocumented Status (Illegal Resident)
- 9 Unable to Verify

D. Deprivation Factors

Only the code for the verification needs to be entered. The computer will print the definition for you in the long box. Enter one of the following which applies. No more than one is necessary in order to establish eligibility. (IF THE PARENTS ARE DPA RECIPIENTS THERE IS A DEPRIVATION FACTOR.)

- 01 All Parental Rights Terminated
- 02 Death of Mother
- 03 Death of Father
- 04 Child Removed from Home of an Individual other than a natural or adoptive parent, and neither parent resides in the home of the individual
- 05 Absence of Parent by Reason of Legal Separation or Divorce
- 06 Absence of Parent by Reason of Separation Without Legal Action and there is no intent to return
- 07 Absence of Parent by Reason of Confinement in a Penal or Correctional Institution
- 08 Absence of Parent by Reason of Deportation or Voluntary Leaving of Country
- 10 Absence of Parent by Reason of Unmarried Parent with other parent absent
- 11 Absence of Parent by Reason of Other

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- 12 Unemployment of Child's Parent (Natural or Adoptive), including union sanctioned strikes
- 13 Employment of Parent for Less than 100 Hours/Month
- 14 None
- 15 Physical or Mental Incapacity of a Parent

Verification Factors

Enter the code for the type of verification for deprivation factor given.

- 01 Court Order
- 02 Death Certificate
- 03 Medical Records
- 04 Statement from Undertaker/Cemetery Officials
- 05 Social Security Records
- 06 Veteran's Administration Records
- 07 DPA 97 Request for Verification of birth, marriage, divorce or death
- 08 CFS 402 Verification Request
- 09 Statement from individual from whose home child was removed
- 10 IDPA Determination of Incapacity
- 11 Receipt of OASDI or SSI Disability Benefits
- 12 Written Statement from Medical Doctor
- 13 Written Statement from Psychiatrist
- 14 Written Statement from Psychologist
- 15 SSA-1 610 Public Assistance Agency Information Request and Report
- 16 DPA 915 Report of Incapacity
- 17 Separation Papers
- 18 Divorce Decree
- 19 Court Records
- 20 Military Papers
- 21 Previous Employer's Statement
- 22 Unemployment Insurance
- 23 Union Records
- 24 DPA 1538 Documentation of unemployment in connection with the labor force.
- 25 DPA 197 Request for employment verification
- 26 Birth Certificate

E. Authority for DCFS Responsibility

Do not complete if there is not a deprivation factor. Do not complete this section if authority for DCFS responsibility is by surrender or via voluntary placement agreement.

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o Basis for Court Action

Enter the reason, as given on the petition and/or court order action.

AB Abuse
DO Delinquent
DP Dependent
MN MINS (Minor in Need of Supervision)
MR Minor Requiring Authoritative Intervention (MRAI)
NG Neglect
NO None, If this is entered, do not complete any of the following court information.

o Initial Petition Date

Enter the date on which the petition was filed which led to the court action.

o Circuit Court

Enter the circuit number of the court in which the court action was taken.

o County

Enter the county code (as in the instructions for the Assessment form, page 9) for the county of the court where the court action was taken.

o Person From Whom Child Was Legally Removed

Enter the name of the person from whom the child was legally (not physically) removed when DCFS becomes responsible for the child.

o Date

Enter the six digit month, day and year date on which the child was removed from the person given above.

o Relationship

Enter one of the following codes which is the relationship between the child and the person from whom the child was removed.

01 Father/Mother
02 Brother/Sister

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- | | |
|----|--|
| 03 | Grandfather/Grandmother |
| 04 | Uncle/Aunt |
| 05 | Nephew/Niece |
| 06 | Great-Grandfather/Great-Grandmother |
| 07 | Great-Uncle/Great-Aunt |
| 08 | First Cousin |
| 09 | Spouse of any of the above blood relatives |
| 10 | Stepfather/Stepmother |
| 11 | Stepbrother/Stepsister |
| 12 | None |

F. School Information

◦ **School Name**

Enter the name of the school in which the child is enrolled. If none, enter "NONE".

Street:	Enter the street address of the school.
City:	Enter the city in which the school is located.
State:	Enter the state code (see instruction for Assessment form).
ZIP Code:	Enter the mailing ZIP Code.
Telephone:	Enter the telephone number of the school. Include the Area Code.

◦ **Type**

BDF	Special - Blind & Deaf
BLD	Special - Blind
DEF	Special - Deaf
EFL	English as a Foreign Language
EMD	Special - Emotionally Disturbed
EMH	Educable Mental Handicap
ESL	English as a Second Language
LDY	Special - Learning Disability
MUL	Special - Multiple Handicap
NON	None
ORT	Special - Orthopedically Handicapped
REG	Regular Class
TMH	Trainable Mental Handicap
UNK	Unknown
VOC	Vocational Program

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o Level

Enter the grade number or special education level in which the child is enrolled.

01	First Grade
02	Second Grade
03	Third Grade
	etc.
13	First Year College
14	Second Year College
15	Third Year College
16	Fourth Year College
GE	G.E.D.
KG	Kindergarten
NA	Not Applicable - child under school age - not attending a program
PK	Pre-Kindergarten - any nursery school or program for children under school age
UK	Unknown

o Attendance

Enter the code which describes the child's attendance.

AT	Attending School	EP	Expelled
CO	Completed	NA	Not Applicable-child under school age
DO	Dropout	SU	Suspended
EC	Excluded	UK	Unknown

o Verification

Enter the number which represents how you verified the child's progress.

1	Current and Former Progress Reports
2	Report Cards from School
3	School Records Indicating Enrollment and Attendance
4	DPA 541 Verification of School Attendance

G. Employment Registration

CYCIS FORMS INSTRUCTIONS
REGISTRATION/CASE OPENING
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Do not complete if there is not a deprivation factor. Complete this field only if the child is age 16 or over and not attending school. Check one of the following boxes which is appropriate. If none are applicable, do not check anything.

o Exempt due to physical or mental incapacity

-Verification - Enter one of the following codes for how the caseworker verified this exemption.

- | | |
|---|---------------------------------------|
| 1 | Written statement from medical doctor |
| 2 | Written statement from psychiatrist |
| 3 | Written statement from psychologist |
| 4 | None |
| 5 | SSA-1610 |

o Exemption Ward With Child

-DOB - Enter the six digit month, day and year date of the birth of the ward's child.

-Verification - Enter one of the following codes for how the child's birth was verified.

- | | |
|---|---|
| 1 | Birth certificate in record |
| 2 | Verification of birth on CFS 402 has been sent for |
| 3 | CFS 402 in case record which verifies child's birth |
| 4 | Client declaration |
| 5 | Cannot verify |

H. Prior Living Arrangement - Relationship

Do not complete if there is not a deprivation factor. Do not complete if the child has been abandoned.

o Check the box if the child was placed through court ordered transfer of custody or guardianship from private or county agency.

o Living Arrangement during 30 day Period Prior to Court Action:

Name:	Enter the name of the person with whom the child lived.
Street:	Enter the street name and number where the person lives.
City:	Enter the name of the city where the person lives.

CYCIS FORMS INSTRUCTIONS
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State: Enter the state code as shown on instructions for the Assessment form.

ZIP Code: Enter the ZIP Code for the person's residence.

County: Enter the county code as shown on instructions for the Assessment form.

Verification: Enter one of the following codes which indicates how you verified the living arrangement.

- 1 Court Social Investigation
- 2 Visual Confirmation
- 3 Hospital Records
- 4 Landlord's Statement
- 5 School Records
- 6 DPA 541 Verification of School Attendance

o **Relationship:** If this person is a relative, enter one of the following codes.

- 01 Father/Mother
- 02 Brother/Sister
- 03 Grandfather/Grandmother
- 04 Uncle/Aunt
- 05 Nephew/Niece
- 06 Great-Grandfather/Great-Grandmother
- 07 Great-Uncle/Great-Aunt
- 08 First Cousin
- 09 Spouses of any of the above blood relatives
- 10 Stepfather/Stepmother
- 11 Stepbrother/Stepsister
- 12 None

Verification: Enter one of the following codes which indicates how you verified the relationship.

- 1 Birth Certificate
- 2 Court Records
- 3 Adoption Papers
- 4 Baptismal Certificate
- 5 CFS 402 Verification Request
- 6 DPA 97 Request for Verification
- 7 SSA-1 610 Public Assistance Agency Request and Report
- 8 CFS 402 Verification Request sent in

CYCIS FORMS INSTRUCTIONS
REGISTRATION/CASE OPENING
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o **Living Arrangement With Relative for 30 Day Period Within 6 months prior to Court Action**

If the child lived with a relative during any 30 days within 6 months prior to court action, check here if different from the person given in the prior section. Leave blank if the person is the same as the person listed earlier.

Name: Enter the name of the relative with whom the child lived.
Street: Enter the street name and number where the relative lives.
City: Enter the name of the city where the relative lives.
State: Enter the state code as shown on instructions for the Assessment form.
ZIP Code: Enter the ZIP Code for the relative's residence.
County: Enter the county code as shown on instructions for the Assessment form.

Verification: Enter the following code which indicates how you verified that the child lived there.

- 1 Court Social Investigation
- 2 Visual Confirmation
- 3 Hospital Records
- 4 Landlord's Statement
- 5 School Records
- 6 DPA S41 Verification of School Attendance

Relationship: Enter one of the following codes to indicate the relationship between the child and the relative.

- 01 Father/Mother
- 02 Brother/Sister
- 03 Grandfather/Grandmother
- 04 Uncle/Aunt
- 05 Nephew/Niece
- 06 Great-Grandfather/Great-Grandmother
- 07 Great-Uncle/Great-Aunt
- 08 First Cousin
- 09 Spouses of any of the above blood relatives
- 10 Stepfather/Stepmother
- 11 Stepbrother/Stepsister
- 12 None

CYCIS FORMS INSTRUCTIONS
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Verification: Enter one of the following codes which indicates how you verified the relationship between the child and this person.

- | | |
|---|---|
| 1 | Birth Certificate |
| 2 | Court Records |
| 3 | Adoption Papers |
| 4 | Baptismal Certificate |
| 5 | CFS 402 Request for Verification |
| 6 | DPA 97 Request for Verification |
| 7 | SSA-1 610 Public Assistance Agency Information Request and Report |
| 8 | CFS 402 Sent In |

I. Medical Insurance

Check the box which indicates the type of medical insurance which the child has:

- ☐ None
- ☐ Unknown (must be reported within 30 days)
- ☐ CHAMPUS
- ☐ UI-Division of Services for Crippled Children
- ☐ Medicare -Claim number must be entered if child is eligible for Medicare -Part B
- ☐ Private Health Insurance: Enter the name of the insurance company, address, city, state code (from instructions for Assessment form), ZIP Code, the policy number and name of the policy holder.
- ☐ Group Health Insurance: Enter the company name, street address, city, state code (from instructions for Assessment form), ZIP Code, policy number and name of policy holder.
- ☐ Insuring Organization: Enter the name of the employer, union, or insured group name. List street address, city, state, ZIP Code.
- ☐ Authorizing Signature: The worker signs and dates the form in order to verify that the information is correct.

CYCIS FORMS INSTRUCTIONS
REGISTRATION/CASE OPENING
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CYCIS FORMS INSTRUCTIONS

ELIGIBILITY III

April 17, 1995 – PT 95.11

ELIGIBILITY III

- PURPOSE:** This form records information necessary to determine the eligibility of children in placement for Social Security, veteran's, black lung and/or railroad retirement benefits.
- WHO COMPLETES IT:** The worker opening the family and child case completes this form at the time of case opening.
- SPECIAL NOTES:** This form is completed manually only once. One form must be completed for each child with whom the Department has a legal relationship and is in substitute care. Unless required by some event in the family, this form will never be completed more than once.

CYCIS FORMS INSTRUCTIONS

ELIGIBILITY III

April 17, 1995 – PT 95.11

Request for Benefits Determination

One form must be completed within 5 working days of initial placement for each child who has an open CYCIS case. It never needs to be completed again unless events occur which may qualify the child for benefits.

Complete only those sections which request eligibility checks of those benefits for which the child may be eligible. Enter all information on this form on the line.

Child Name

Enter the name of the child whose case is opening or has been opened to CYCIS.

ID

Identification Number: Enter the case identification number for the child.

None

Check this box if the child is not believed to be eligible for Social Security benefits, Veteran's benefits, coal miner's benefits (Black Lung) or railroad benefits. Do not complete anything past requesting office identification if you have checked this box.

Requesting Office

Enter the name of the field office of the worker responsible for the child case.

RG/ST/FD

- ☐ Enter the two digit code for the region of the worker who is responsible for this child's case.
- ☐ In Region 2B only, enter the two digit site identification number for the worker who is responsible for this child's case.
- ☐ Enter the two digit field office identification number for the worker who is responsible for this child's case.

Date

Enter the six digit month, day and year date on which this form is being completed.

CYCIS FORMS INSTRUCTIONS

ELIGIBILITY III

April 17, 1995 – PT 95.11

A. CFS 475 – Social Security Information Sheet

Reason for Request

☐ **Deceased**

Check here if the child's parent(s) has died. Be sure that this information is entered on the case registration/case opening form.

☐ **Disabled**

Check here if the child's parent(s) has been disabled and may be eligible to receive benefits from Social Security.

☐ **Mother's Name**

Enter the child's mother's name.

Client ID

Enter the mother's client identification number as shown on the Registration/Case Opening form.

Her Father's and Her Mother's Name and Client ID's

Enter the names and client identification numbers for the child's maternal grandparents only if they are registered in CYCIS either as a family case or as a part of this child's family on the Registration/Case Opening form.

☐ **Father's Name**

Enter the child's father's name.

Client ID

Enter the father's client identification number as shown on the Registration/Case Opening form.

His Father's and His Mother's Name and Client ID's

Enter the names and client identification numbers for the child's paternal grandparents only if they are registered in CYCIS either as a family case or as a part of the child's family on the Registration/Case Opening form.

CYCIS FORMS INSTRUCTIONS

ELIGIBILITY III

April 17, 1995 – PT 95.11

B. CFS 406 – Report on Veteran's Child

Check this section if one or both of the child's parents is a deceased or disabled veteran.

o Deceased

Check this box if one or both parents was a veteran who died.

o Disabled

Check this box if one or both parents is a veteran who receives or may be eligible to receive disability benefits from the Veteran's Administration.

o Parent Name

Enter the name of each parent. Check the box by the parent's name who is or was the veteran. If both parents are veterans fill out two forms.

o Client ID

Enter the parent's client identification number as listed on the Case Registration/Case Opening form.

o Type of Discharge

Check the type of discharge received by the veteran.

o Claim #

Enter the veteran's claim number.

o VA Benefits Currently Paid

Check "yes" or "no" to indicate whether or not any family member currently receives benefits as a result of the deceased or disabled parent.

o To Whom

Enter the name of the person to whom the benefits are being paid.

CYCIS FORMS INSTRUCTIONS
ELIGIBILITY III
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o Serial #

Enter the veteran's serial number.

C. Parents Worked in Coal Mine

Check here if the child may receive or may be eligible to receive benefits because his or her parent is a deceased or disabled coal miner.

o Parent Name

Enter only the name of the parent who was or is a coal miner. If both parents are or were coal miners, enter both names.

o Client ID

Enter the identification number of the parent as listed on the Case Registration/Case Opening form.

D. Parents Worked for Railroad

Check this box if one or both parents is a deceased or disabled railroad worker.

o Parent Name

Enter only the name of the parent who was a railroad worker. If both parents are or were railroad workers, enter both names.

o Client ID

Enter that parent's identification number as registered on the Case Registration/Case Opening form.

CYCIS FORMS INSTRUCTIONS
ELIGIBILITY III
April 17, 1995 – PT 95.11

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CYCIS FORMS INSTRUCTIONS

CASE REVIEW FORM

June 1, 1998 – P.T. 98.10

CASE REVIEW FORM

PURPOSE:

This form is used to report the results of all client service planning and non-administrative case review activity. The results of case review activity for administrative case reviews are reported through the computer generated review packet.

WHO COMPLETES IT:

The primary worker for the family is responsible for completing and submitting this form immediately after the development of each service plan and/or after each non-administrative case review.

SPECIAL NOTES:

This form is completed manually only at the time of the initial (30-day) service plan. The primary worker will receive a computer printed turnaround to be used to report results of future service planning and non-administrative case review activity, including the permanency hearing. In addition, changes in the permanency goal, the planned achievement date for the permanency goal, the court set indicator for permanency goal, or the target removal date are to be reported via this form when these changes occur outside of the administrative case review. A CFS 1420, Case Review Form, does not have to be completed when the case is closed. The final permanency goal evaluation information is submitted directly on the CFS 1425, Change of Status Form.

CYCIS FORMS INSTRUCTIONS
CASE REVIEW FORM
June 1, 1998 – P.T. 98.10

1. Family Name

Enter the family name (last name first) in which the case is registered on the Registration/Case Opening form.

2. ID

Enter the family identification number as given on the Registration/Case Opening form.

3. Caseworker Name and ID

Do not enter anything in this area.

4. RG/ST/FD

Do not enter anything in this area.

5. Identifying Information

This information will be preprinted for you if you request it for the first review. It will come automatically for six month case reviews. If you need to complete the first one before you receive a preprinted copy, follow these instructions:

a. Client Reference Number

Enter a “1” for the first name listed, a “2” for the second name and so on. These have no relationship to the reference numbers on any other form. It does not matter if the client reference number for the same client is different on each form.

b. Client Name

Enter open child case names here which are being reviewed, e.g. they are in placement.

c. Client ID

For each child listed, enter the client identification number as shown on the Case Registration/Case Opening form.

CYCIS FORMS INSTRUCTIONS
CASE REVIEW FORM
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d. Client Region/Site/Field

- ° Enter the two digit code for the region of the worker who has responsibility for the client's case.
- ° In Regions 6A, 6B, 6C, or 6D only, enter the two digit code for the site office of the worker who has case responsibility for the client's case.
- ° Enter the two digit code for the field office of the worker who has case responsibility for the client's case.

6. Permanency Goal Information

a. Client Reference Number

Enter an "F" for the family. Enter the reference number for each child who has an open case record who has been reviewed.

b. Effective Date

Enter the six-digit month, day and year date of the case review which you are reporting here. Use this section also to report Planned Achievement Date and Target Removal Date changes.

c. Type

Enter the 2-digit code below for each client which describes the type of case review being reported. Administrative case reviews are completed on most children placed in substitute care. Non-administrative or regular case reviews are completed for intact families, children living with their family, in the armed services, attending a college or university, in a guardianship arrangement, or living with adoptive parents.

- | | | |
|----|----|-------------------------------------|
| | 01 | Initial Service Plan |
| | 02 | Non-administrative case review |
| | 03 | Unscheduled review/Goal Revision |
| | 04 | Administrative Review |
| | 05 | 45 day review (No longer effective) |
| | 06 | Permanency Hearing |
| // | 07 | 3 Month review |
| // | 08 | Court ordered review |

CYCIS FORMS INSTRUCTIONS
CASE REVIEW FORM
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d. Permanency Goals

Enter the 2-digit code which indicates the permanency goal which has been selected for each child listed.

- 01 Remain at Home – Enter this goal for a child for whom the Department has legal responsibility who is in his own home.
- 02 Return Home (no longer used as of 11/97)
- 03 Adoption (no longer used as of 11/97)
- 04 Family Placement: Foster Parents (no longer used as of 11/97)
- 05 Family Placement: Relatives (no longer used as of 11/97)
- 06 Independence (no longer used as of 11/97)
- 07 Long Term Care (no longer used as of 11/97)
- 08 Substitute Care Pending Court Decision Regarding Termination of Parental Rights (no longer used as of 11/97)
- 10 Subsidized Guardianship (no longer used as of 11/97)
- 20 Return Home – Concurrent Planning (no longer used or valid as of 2/17/98)
- 21 Return Home within five months
- 22 Return Home within one year
- 23 Return Home pending status hearing
- 24 Substitute Care pending court determination on termination of parental rights
- 25 Adoption, provided that parental rights have been terminated or relinquished
- 26 Guardianship
- 27 Independence (The minor over age 12 will be in substitute care pending independence)
- 28 Cannot be provided for in Home Environment (The minor will be in substitute care because he or she cannot be provided for in a home environment due to extreme or complicated physical or mental disabilities which cannot be controlled in a home environment, provided goals 21 through 26 have been ruled out.)

Permanency Options

- 09 Relative Placement – Delegated Authority (This code may no longer be initiated after January 1, 1997.)

CYCIS FORMS INSTRUCTIONS
CASE REVIEW FORM
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These codes are to be entered by the “F” or family line:

- 11 Maintain family intact – No DCFS legal responsibility for any child in the family.
- 99 DCFS has legal responsibility for one or more children in the family.

e. Date Goal Established

Enter the 6-digit month, day and year on which the permanency goal was established.

f. Planned Achievement Date

Enter the 6-digit month, day and year by which it is planned that the permanency goal will be achieved.

g. Evaluation of Progress

Enter the 2-digit code which most accurately describes the progress made over the past six months toward achievement of the permanency goal and the current status of that goal. Do not make an entry for the first service plan.

- 01 Satisfactory Progress/Maintain Goal
- 11 Satisfactory Progress/Revised Goal – Submit New Goal
- 02 Unsatisfactory Progress/Maintain Goal
- 12 Unsatisfactory Progress/Revised Goal – Submit New Goal
- 03 Goal Achieved/Maintain Goal
- 13 Goal Achieved/Revised Goal – Submit New Goal
- 23 Goal Achieved/Close Case – Submit Case Closing
- 14 Goal Not Achieved/Revised Goal – Submit New Goal
- 24 Goal Not Achieved/Close Case – Submit Case Closing
- RV Revise code from 99 to 11 (Family case only).

h. Reason Code

If the reason for Department services changes from the reason for case opening as reported on the Case Registration/Case Opening Form please enter the reason for continuing services here.

- AA Adoption Assistance – The child is opened to CYCIS because he or she has been adopted under the adoption assistance program.

CYCIS FORMS INSTRUCTIONS

CASE REVIEW FORM

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- AB Abuse – Investigation staff have indicated an allegation of abuse in the family and services are needed in order to protect the child.
- AD Adoption – The parents wish to surrender the child for adoption.
- CA Court Ordered Abuse Services – The court has ordered services because of the abuse of children.
- CB Child's Behavior Problem – The family and/or child is in need of service because the child is behaving in such a manner that the parent or caretaker is unable to care for the child without help. This would include court adjudicated delinquent children, MINS and status offenders.
- CH Cuban/Haitian Unaccompanied Minor – An unaccompanied Cuban/Haitian refugee minor who has been referred to the Department and is in need of assistance. Assistance is provided under the Refugee Education Assistance Act of 1980.
- CI Child's illness or Handicap – The family and/or child is in need of service because the child's physical condition requires so much care and/or is so stressful that the parent or caretaker is unable to care for the child without help.
- CN Court-Ordered Neglect Services – The court has ordered services because of neglect of the children.
- DP Dependency – The family and/or child is in need of service because the family is unable to provide care for the child(ren) because of circumstances which are beyond their control and which have nothing to do with parenting ability or child behavior, e.g. parental death or incarceration.
- // GS Guardian (Successor) – The child case will remain open to provide a subsidy for a child placed with a successor guardian. **(Not valid after 1/1/98)**
- NG Neglect – The family and/or child is in need of service to protect the child due to a neglectful situation which has been indicated by investigation staff.

CYCIS FORMS INSTRUCTIONS

CASE REVIEW FORM

June 1, 1998 – P.T. 98.10

- PC Parent-Child Relationship Problems – The family and/or child is in need of services because the relationship between the parent and the child is so poor that the parent is unable to care for the child.
- PF Putative Father – A man is in need of Department services because he is or will be the father of a child born to a woman to whom he is not married and the situation may create a problem in caring for the child.
- RA Refugee Assistance for Unaccompanied Minors – An unaccompanied refugee minor (excluding Cuban/Haitian unaccompanied minors) who has been referred to the Department and is in need of assistance. Assistance is provided under the Refugee Act of 1980.
- PS Preventive Services – Services are being provided to the family in order to prevent abuse or neglect from occurring. An allegation of abuse or neglect has not been indicated.
- SA Sexual Abuse – Investigation staff have indicated an allegation of sexual abuse in the family and services are needed to protect the child.
- SG Subsidized Guardianship – The child case will remain open to provide a subsidy for a child placed with a subsidized guardian.
- SO Services to Other Agency – Services are provided to a family at the request of another agency.
- UM Unwed Mother – A woman is in need of Department services because she is or will be the mother of a child who is not fathered by her husband and the situation may create a problem in her care, if she is a child, or in her child's care.
- YI Governor's Youth Services Initiative – The family and/or child is in need of services under the Governor's Youth Services Initiative program.

The following reason codes are to be used for those cases served by a purchase of service provider for services involving full case responsibility, including intact family services or family preservation, or case management/counseling. If the family is no longer receiving purchased services involving full case responsibility, but the case is to remain open for other Department services, the reason code must be changed accordingly.

CYCIS FORMS INSTRUCTIONS

CASE REVIEW FORM

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- AF Investigation staff have indicated an allegation of abuse in the family and purchased services involving full case responsibility are being provided.
- DA OASA Services – An intact family case is opened due to either an indicated or unfounded report of child abuse or neglect in which alcohol or other substance abuse is a major factor in the family situation and the family has been referred for services to an Office of Alcoholism and Substance Abuse (OASA) funded program or the reason for involvement changes due to the need for OASA funded services.
- IF An investigation of alleged child abuse, neglect or sexual abuse is in process and a final finding has yet to be made and purchased services involving full case responsibility are being provided.
- NF Investigation staff have indicated an allegation of neglect in the family and purchased services involving full case responsibility are being provided.
- SF Investigation staff have indicated an allegation of sexual abuse in the family and purchased services involving full case responsibility are being provided.

The following reason codes are to be used when at least one child is being served by Family Reunification Services:

- AR Investigation staff have indicated a report of child abuse in the family and purchased services involving full case responsibility are being provided to facilitate the return home of the child.
- NR Investigation staff have indicated a report of neglect in the family and purchased services involving full case responsibility are being provided to facilitate the return home of the child.
- SR Investigation staff have indicated an allegation of sexual abuse in the family and purchased services involving full case responsibility are being provided in order to facilitate the return home of the child.

i. Involvement Date

Enter the six-digit month, day and year date on which the reason code changed.

CYCIS FORMS INSTRUCTIONS
CASE REVIEW FORM
June 1, 1998 – P.T. 98.10

7. Court Set Indicator

Y	Indicates when permanency goal is ordered by the court
N	Indicates goal was set by DCFS without court involvement
Blank	Indicates goal not updated since conversion

// **NOTE:** Staff will be allowed to set the indicator to “Y” or “N”, except as follows:

1. The court indicator cannot be set when the goal is 01, Remain Home
2. The court indicator must be set when the goal is 23, Return Home Pending Status Hearing

When adding or changing a permanency goal with the court-ordered indicator, a copy of the court’s permanency order reflecting that permanency goal should be in the case file following the case note reflecting the reason for the change. A copy of the CFS 1420 with the supervisor’s signature should also be included in the case file.

8. Participants and Signatures

- a. Enter the client reference number (an “F” for the family), as listed above, for the client whose case review is being reported.
- b. Check each box which describes the participants in the review.

Par--	One or more parents.
Child--	One or more children.
Par Rep--	A representative for the parent(s).
Fos Par--	The child’s foster parents(s).
Sub Prv--	A representative from the substitute care provider agency.
Oth Prv--	Any other private agency representative.
Oth--	Any other person not listed here.

c. Caseworker

- Enter the identification number of the DCFS worker who has responsibility for the case.
- The DCFS worker initials are entered here.

CYCIS FORMS INSTRUCTIONS

CASE REVIEW FORM

June 1, 1998 – P.T. 98.10

d. **Supervisor**

- Enter the identification number of the DCFS supervisor who has responsibility for the services to the case being reviewed.
- The DCFS supervisor's initials are entered here.

e. **Private Caseworker**

- Enter the DCFS assigned identification number of the private agency worker working with this client. If there is not a DCFS assigned number available, enter nothing.
- The private agency worker initials here in order to indicate presence at the case review.

f. **Target Removal Date Category**

This item is no longer used by the Division of Information Systems, however, some Regions may be using it for their own information.

Circle a "u" for update or a "c" for correction as appropriate. Enter one of the following codes.

1 = Foster Family Care

2 = Institutional Care

9 = No Removal Date Required

Foster Family Care

FHA Foster Home Adoptive

0101	Department boarding homes
0102	Private agency boarding homes
0103	Intensive foster care
0106	Home of relative
0107	Reduced rate boarding home
0109	Agency specialized foster care
0114	Individual specialized foster care
0115	Reduced Rate Relative Home

CYCIS FORMS INSTRUCTIONS
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FHB Foster Home Boarding

0101	Department boarding homes
0104	Emergency foster care
0107	Reduced rate boarding home
0151	Cuban-Haitian refugee clients
0152	Other refugee clients

FHI Foster Home Indian

FHP Foster Home Boarding (Private Agency)

0102	Private agency boarding homes
------	-------------------------------

FHS Foster Home Specialized

0103	Intensive foster care
0104	Emergency foster care
0109	Agency specialized foster care
0114	Individual specialized foster care

HMR Home of Relative

0102	Private agency boarding home
0106	Home of relative
0107	Reduced rate boarding home
0115	Reduced rate relative home
0136	Delegated Relative Authority - Department
0137	Delegated Relative Authority – Private Agency
0153	Cuban-Haitian refugee clients
0154	Other refugee clients

Institutional Care

The following living arrangement categories are considered code 2, institutional care.

GRH Group Home

0203	Private group home
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CYCIS FORMS INSTRUCTIONS
CASE REVIEW FORM
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ICF Institution DCFS

0206 DCFS institution (allowance)

IDC Institution DOC

0207 DMH, DORS, DPH institution (allowance)

IMH Institution DMH

0207 DMH, DORS, DPH institution (allowance)

IPA Institution Private Child Care Facility

0201 Private institutions
0901 Maternity home care

IRS Institution Rehabilitative Services

0207 DMH, DORS, DPH institution (allowance)

ILO Independent Living Only

0204 Supervised independent living

NCF Nursing Care Facility

0207 DMH, DORS, DPH institution (allowance)

g. **Removal Date**

Enter the six digit month, day and year on which it is planned to remove the child from the Living Arrangement type reported above. If the child is in a target removal date category which is coded "9", enter 99/99/99.

h. **Case Review Administrator**

Not applicable

CYCIS FORMS INSTRUCTIONS

ACTIVITY/TRAVEL REPORT

April 17, 1995 – PT 95.11

ACTIVITY/TRAVEL REPORT

PURPOSE:

This form is used by homemakers, volunteers, adoption workers, workers, resource and licensing staff, and supervisors, to collect information on client contacts, record mileage information and provides documentation for preparation of travel vouchers.

WHO COMPLETES IT:

This form must be completed by adoption workers, direct service, family development staff and child protective staff and supervisors. Homemakers and volunteers may complete the form.

SPECIAL NOTES:

Staff are to record client contacts, arrival and departure times and mileage on the day it occurs. Workers, adoption staff, homemakers, volunteers, family development staff and supervisors record contacts and travel information from the beginning of the month to the end of the month using as many forms as necessary. You may record several days of interviews on one form – only beginning a new one when you run out of space. At the end of the week, send on copy of each sheet used to data entry and one copy to clerical staff who process travel vouchers.

Child protective staff use this form only to record travel and the SCR number of the client. They never enter a client name.

Travel during assessment activities also is recorded on this form.

CYCIS FORMS INSTRUCTIONS
ACTIVITY/TRAVEL REPORT
April 17, 1995 – PT 95.11

1. Direct Service

Check this box if the report is being made by a direct service worker (CPS or CWS) or supervisor.

Licensing

Check this box if the report is being made by a family development specialist or supervisor.

Resource

Check the box marked "Resource" if the report is being made by a family development specialist, supervisor, adoption staff, homemaker staff or volunteer staff.

DCP Investigation

Check this box if the report is being made by child protective staff.

2. ACT Code

- ° For direct service workers, homemakers and volunteers:

Enter the appropriate code for the type of contact:

- | | |
|----|--|
| CI | Collateral contact In-Person. Use this code when you see any one on behalf of the children and family, excluding DCFS staff. |
| IP | In-Person contact with a member of a family with an open CYCIS record. |
| NS | No Service but travel recorded. |
| SO | Service to client from other agency recorded. |

- ° Family Development staff enter one of the following codes for each contact instead of codes above:

- | | |
|----|---------------------------------|
| 11 | Work on behalf of foster home |
| 12 | Work on behalf of institution |
| 13 | Work on behalf of day care home |
| 14 | Work on behalf of adoptive home |
| 15 | Group homes |
| 16 | Day care centers |
| 17 | Agencies |

CYCIS FORMS INSTRUCTIONS
ACTIVITY/TRAVEL REPORT
April 17, 1995 – PT 95.11

- Family development and adoption staff enter one of the following activity codes:

- 21 Work on behalf of foster home
- 22 Work on behalf of institution
- 23 Work on behalf of day care home
- 24 Work on behalf of adoptive home
- 25 Work on behalf of group home
- 26 Work on behalf of day care center
- 27 Work on behalf of agency
- 28 Work on behalf of advocate or counselor
- 29 Work on behalf of homemaker
- 30 Work on behalf of volunteer

- Child protective staff enter nothing in this area

3. Case/Resource Name

Enter the last name and first initial of the client (case open to CYCIS) who was seen or for whose benefit someone else was seen. Staff should enter the provider name unless the work was general in nature, i.e. recruitment.

Child protective staff enter nothing in this area.

If no client was seen, all staff should enter a word which describes the reason for travel, e.g. staff development.

If you are recording travel during Assessment, put the client's last name in the space. Assessment contacts are recorded on the Assessment form.

4. Case ID

Only direct service workers, supervisors, volunteers and homemakers enter information here. For all members of the family who are seen or for whose benefit a collateral was seen, enter the family ID number. When a child is seen or a collateral is seen for his benefit, enter the child's case ID number.

Child protective staff enter the client's SCR number here. When the client does not have a number, do not make an entry, e.g. for assessment contacts.

5. Date

Enter the six digit month, day and year on which this activity occurred.

CYCIS FORMS INSTRUCTIONS
ACTIVITY/TRAVEL REPORT
April 17, 1995 – PT 95.11

6. Time with Client

Enter the number of hours and minutes during which the client or collateral was seen or talked with. Do not include travel time. Enter the number of hours, a dash and then the number of minutes.

For example, if you talked with the client for one hour and thirty minutes, the entry would be as follows: 1-30.

If the length of the interview was thirty minutes, enter the following: 0-30.

If you have seen more than one case during a time period, enter each case name on a separate line and assign a part of the time spent to each case.

7. Departure Place

When traveling, indicate the town of office from which you left in order to reach the client or collateral.

8. Departure Time

Enter the time you left the departure place.

9. Arrival Place

Enter the place you arrived in order to see the client or collateral. When traveling within the same town, enter "vicinity".

10. Arrival Time

Enter the time which you arrived at the arrival place.

11. Mileage

Enter the number of miles traveled between the Departure Place and the Arrival Place.

12. Additional Expenses

Enter the reason for the expense, and the amount and the six digit month, day and year date on which the expense was incurred.

NOTE: Consult State Travel Regulations for those items for which you must keep a receipt for reimbursement.

CYCIS FORMS INSTRUCTIONS
ACTIVITY/TRAVEL REPORT
April 17, 1995 – PT 95.11

13. Worker

Enter the worker's name.

14. Worker ID

Enter the identification number of the worker.

15. RG/ST/FLD

Enter the two digit region number, the two digit site number for Region 2B only, and the two digit field office number.

16. Date

Enter the six-digit month, day and year on which this report was sent to data entry.

CYCIS FORMS INSTRUCTIONS
ACTIVITY/TRAVEL REPORT
April 17, 1995 – PT 95.11

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CYCIS FORMS INSTRUCTIONS
CHANGE OF STATUS FORM
December 8, 2006 – P.T. 2006.14

CHANGE OF STATUS FORM

- GENERAL PURPOSE:** This is a multi-purpose form, which can transmit a case transfer or case closing.
- Case Transfer Section:** The purpose of this section is to notify CYCIS of case transfer and to document in the case record that responsibility for a case has been transferred from one DCFS worker, region, site and/or field office to another.
- This form must be completed even when case responsibility is changing from one worker to another in the same office. This is necessary even when transferring a reassigned worker's caseload to other staff.
- Case Closing Section:** The purpose of this section is to report to the CYCIS system case closing and termination of Department services.
- WHO COMPLETES IT:** The child welfare worker responsible for case management shall complete and submit the CFS 1425. For case transfers, however, both the worker transferring the case and the worker receiving the case must complete portions of the case transfer section. The receiving Region sends the form to data entry after acceptance of the case.
- SPECIAL NOTES:** The Change of Status form can be used to report changes of status for more than one child in the same family. The worker may not change the status of children from different families on the same form. The Change of Status form is not a turnaround. However, a new CFS 1410, Registration/Case Opening will be generated when a Change of Status form has been submitted.

CYCIS FORMS INSTRUCTIONS
CHANGE OF STATUS FORM
December 8, 2006 – P.T. 2006.14

Family Name

Enter the family name.

Family ID

Enter the family identification number.

CASE TRANSFER SECTION

1. Case ID

Enter the case identification number for each case to be transferred. If you are transferring the family, enter the family number. You do not need to enter individual numbers for the parents or children unless the children are open and you are transferring them also.

2. Case Name

Enter the name of the child or family whom you are transferring.

3. Sending

This section is completed by the sending worker and a copy is kept by that worker.

o Region/Site/Field

Enter the two digit code for the region of the worker who has responsibility for the case being transferred.

Enter the two digit code, in Regions 6A, 6B, 60, or 6D only, for the site office of the worker who has responsibility for the case being transferred.

Enter the two digit code for the field office of the worker who has responsibility for the case being transferred.

4. Date Sent

Enter the date the case is actually sent to the receiving office/worker.

CYCIS FORMS INSTRUCTIONS
CHANGE OF STATUS FORM
December 8, 2006 – P.T. 2006.14

5. Type of Transfer

Check the appropriate box(es) which indicates the type of transfer(s) requested. You may select more than one. For example, if the case responsibility is changing from one region to another, it is also transferring from one field office to another and from one worker to another. You must check each type of transfer being made.

6. Signatures, ID and Dates

This form is signed by the worker responsible for the case being transferred and the ID entered. The supervisor indicates approval of the transfer and enters the date of approval.

7. Receiving

All information entered here is completed by the receiving regional person and the receiving worker. A copy is kept by both the regional person and the worker.

Region/Site/Field

Enter the two digit code for the region of the worker who will have responsibility for the case being transferred.

In Regions 6A, 6B, 60, or 6D only, enter the two digit code for the site office of the worker who will have responsibility for the case being transferred.

Enter the two digit code for the field office of the worker who will have responsibility for the case being transferred.

8. Date Accepted

The regional person responsible for monitoring incoming cases shall enter the six digit month, day and year date on which he or she approved the transfer. If the transfer is not approved, leave blank.

9. Acceptance of Fiscal and Planning Responsibility means that total case responsibility (money and service) is being accepted by the receiving region. One copy of this form is returned to the sending region.

Agreement to Provide Service Only means that service will be given by the receiving region but all payments will be made by the sending region. One copy of this form is sent to the sending region.

CYCIS FORMS INSTRUCTIONS
CHANGE OF STATUS FORM
December 8, 2006 – P.T. 2006.14

10. Signatures, ID and Dates

The worker who receives case responsibility for the case being transferred shall sign here and enter the ID number. The caseworker's signature acknowledges that there is no pre-existing non-professional relationship that would indicate a conflict of interest with the assigned case. The supervisor's signature acknowledges the above also. The supervisor who receives supervisory responsibility for the case being transferred shall sign here and enter the six digit month, day and year date on which he or she received the case record. A copy of the form is sent to data entry.

CASE CLOSING SECTION

1. Case ID

Enter the case identification number for each case open to MARS/CYSIS.

2. Case Name

Enter the name of each case to be closed. For child cases, enter the last name first. For family cases, only the last name needs to be entered.

3. Reason for Closing

Enter the 2-digit code for each client which most accurately describes the reason for closing the case:

CA	Completed Adoption
CD	Child Deceased
CR	Court Released
CT	Court Did Not Take Jurisdiction
MA	Moved From Area
NA	Non-Active Family and services no longer needed
OA	Other Agency Serving and DCFS service no longer needed
OT	Other Reason
RA	Adoption by Relative
RM	Reach Maturity (age of independence)
SC	Service Completed
UL	Unable to Locate
VW	Voluntary Withdrawal

4. Close Date

For each client, enter the 6 digit month, day and year on which his or her case was closed.

CYCIS FORMS INSTRUCTIONS
CHANGE OF STATUS FORM
June 1, 1998 – P.T. 98.10

NOTE: For child cases, the case closing date may never precede the date on which the Department's legal relationship to the child was terminated by the court.

5. Release To

This section is completed for child cases only. Enter, for each child, the 2-digit code (below) which most accurately describes the person or situation to which the child was released.

	FA	Father
	MO	Mother
	PA	Parents
//	GS	Guardian (Successor) (No longer a valid entry after January 1, 1998)
	SG	Subsidized Guardian
	OA	Other Agency
	OR	Own Responsibility
	OT	Other Person Not Shown
	RE	Relative
	UK	Unknown

6. Legal Status

This section is completed for child cases only. A child's case may not be closed until the legal relationship has ended. So enter "No" on the appropriate line for each child case being closed.

7. Legal Status Date

Enter the 6-digit date (month/day/year) on which each child's current legal status was decided by a court or on which a Voluntary Placement Agreement was terminated.

8. Docket Number

If the current legal status is a result of a court order, enter the docket number here.

9. Guardian

	BP	Both Parents
	FA	Father
	GA	Guardianship
//	GS	Guardian (Successor) (No longer a valid entry after January 1, 1998)
	SG	Subsidized Guardian

CYCIS FORMS INSTRUCTIONS
CHANGE OF STATUS FORM
June 1, 1998 – P.T. 98.10

MO	Mother
NR	Not Reported
OA	Other Agency
OT	Other Person
PO	Probation Officer
RE	Relative Other than Parent
SF	Self

10. Permanency Final Goal Evaluation

23	Goal Achieved-Close Case
24	Goal Not Achieved-Close Case

11. Final Permanency Goal Evaluation Date

Enter the six digit month, day and year on which the Final Permanency Goal Evaluation was effective.

CYCIS FORMS INSTRUCTIONS
LEGAL HISTORY MAINTENANCE FORM
October 15, 2001 – P.T. 2001.25

LEGAL HISTORY MAINTENANCE FORM

GENERAL PURPOSE: The purpose of this form CFS 1425L, Legal History Maintenance Form is to report changes in a child's legal status during the life of the case. This form will be used to record the outcome of a court hearing. It will also be used to record legal responsibility at case opening and next hearing information. If the case has a Downstate County of Jurisdiction, this form must be completed at case opening, when a court hearing is completed, when the Department is given custody of a child by surrender, consent, consent to a specified person, or voluntary placement, and to show receipt of a 30-day initial case plan. If the case has a Cook County of Jurisdiction, this form must be completed at case opening, and when the Department is given custody of a child by surrender consent, consent to specified person, or voluntary placement.

WHO COMPLETES IT: **Downstate:** The worker responsible for the case shall complete and submit this form.

Cook County: The worker responsible for the case shall complete and submit this form only at case opening and when the legal status of the case changes with a consent, consent to specified person, surrender or voluntary placement accepted outside of the courtroom. All other Cook transactions will be applied automatically to CYCIS from the Clerk's System at Juvenile Court.

SPECIAL NOTES: This form can be used to record legal changes for more than one child if the children are from the same family unit. At case opening, this form will be used to record the legal information and is attached to the CFS 1410, Registration/Case Opening form.

For a guide in completing this form see:

- Appendix "A" Example of Legal Entries - Illustrates examples of legal entries in the form.
- Appendix "B" Combination Edits - Illustrates what can be entered for legal/order.

CYCIS FORMS INSTRUCTIONS
LEGAL HISTORY MAINTENANCE FORM
October 15, 2001 – P.T. 2001.25

- Appendix “C” Legal Status Sequencing Edits - Explains what subsequent legal status can be entered after the current legal status has been entered.
- Appendix “D” Legal Finding Sequencing Edits - Explains what other findings can be entered after the current finding in a case has been entered.

INSTRUCTIONS: Fill out the form as directed below if the County of Jurisdiction is Downstate. If the County of Jurisdiction is Cook (016) do not complete the "Next Hearing Section".

CASE ID

Enter the child's client identification number as shown on the Case Registration/Case Opening form. (This is a required entry.)

CASE NAME

Enter the last name and first name of the child for whom you are reporting a change in legal status.

DOCKET NUMBER

If the current legal status is a result of a court order, enter the docket number here. (This is a required entry if recording a court hearing or a next hearing date.)
The format for a docket number is YYAANNNNN.

YY	2 position year.
AA	Alpha character, usually "JA" or "JD".
NNNN	five character number.

COUNTY OF JURISDICTION

If the current legal status is the result of a court order, enter the county whose court has jurisdiction over the case. (This is a required entry if recording a court order or a next hearing date.)

NEXT HEARING SECTION

This section is used to record the next scheduled court hearing date, time, and hearing type if a hearing has been set. This information will be available through the CM13 screen and will be

CYCIS FORMS INSTRUCTIONS
LEGAL HISTORY MAINTENANCE FORM
October 15, 2001 – P.T. 2001.25

used to produce a report by next hearing date for case managers as a planning tool. The "Next Hearing Section" may be completed whether or not the "Legal Status Section" is completed.

Next Hearing Date

Enter the date of the next scheduled court hearing for this docket number. Format is a six digit month, day, year.

Next Hearing Time

Enter the time associated with the Next Hearing Date. Format is 2 digit hour and 2 digit minutes.

Next Hearing Type

Enter the type hearing associated with the Next Hearing Date and Time for this docket number.

AJ	Adjudicatory
DP	Dispositional
FR	18-Month Supplemental (no longer used effective 11/97)
FS	18-Month Scheduled (no longer used effective 11/97)
IP	Initial Case Plan (no longer effective, use Order Type on next page effective 8/98)
NH	No Hearing (no longer effective, use Order Type on next page effective 8/98)
OT	Other
TC	Shelter Care
TP	Termination of Parental Rights
CF	Court Family Conference (added effective 11/97) Cook Only
PH	Permanency Hearing (added effective 11/97)
ST	Status (added effective 11/97)
PR	Progress (added effective 11/97)
JD	Judicial Determination (added effective 11/97) Cook Only
CA	Completion of Adoption (added effective 11/97) Cook Only

LEGAL STATUS SECTION

This section is used to record the results of a court order, legal information at case opening, Department custody by surrender, consent, consent to a specified person, or voluntary placement, and court receipt of the Downstate 30-day initial case plan.

Legal Status, Findings/Rulings, Guardian, Reasonable Efforts, Visitation, and Permanency Goal are associated with an order type. Select only one order type, then select a valid combination of settings on the same line.

CYCIS FORMS INSTRUCTIONS
LEGAL HISTORY MAINTENANCE FORM
October 15, 2001 – P.T. 2001.25

Action

Place an "A" for add, "C" for a change, or "D" for a deletion of a legal entry. A delete or change will require an authorizing signature.

Order/Action Date

Enter the six-digit month, day, year on which this legal action was effective. If this action was the result of a court hearing, this is the court hearing date. (Required entry)

Order Type

Select the correct order type.

Order Type

AJ	Adjudicatory Order
DP	Dispositional Order
IP	Initial Service Plan
NH	No hearing or case opening
OT	Other types of hearings not specifically noted
PH	Permanency Order
TC	Shelter Care/Temporary Custody Order
TP	Termination of Parental Rights
FR	18-month supplemental or 427 dispositional (no longer used 11/97)

NOTE: The Termination of Parental rights hearing is composed of two hearings, an adjudicatory and a dispositional. The hearing type of "TP" represents the dispositional hearing only. Hearing results will not be tracked for the Termination of Parental Rights Adjudicatory hearing, although the "Next Hearing Section" may be completed for all hearings.

Legal Status

No Change Use this code to indicate that this action has not changed the legal status. A legal relationship through the court has been established at an earlier date and that legal status has not been changed by the current legal action. (This code will display as an "NC" on CM-13.) (Valid for hearing types of AJ, DP, IP, NH, OT, PH, TC and TP.)

CYCIS FORMS INSTRUCTIONS
LEGAL HISTORY MAINTENANCE FORM
October 1, 1998 - P.T. 98.13

CU Custody - Use this code to indicate that DCFS has a legal responsibility, but does not have court involvement or a legal relationship through a court hearing.

Use only with a finding/ruling of surrender by mother (SM) or surrender by father (SF) when a legal relationship has not been previously established. If both parents have surrendered, use legal status SB, not CU.

Valid for hearing/order type of NH only.

AR Guardianship and Adoptive Rights

A legal status of "AR" can occur in the following ways:

- 1) one parent consents or surrenders a child and the other parent's rights are terminated;
- 2) the mother or father's rights are terminated or a consent is received at one time and the other's rights are terminated or a consent is received at a later date;
- 3) both parents' rights are terminated;
- 4) both parents previously surrendered a child but still have a "TP" hearing. (Valid for hearing type of TP only.)
- 5) both parents sign a consent for adoption of their child by a specified person. The specified consent is only valid for one year.
- 6) both parents sign a general consent for adoption of their child.

Valid for order types DP, NH, OT, or TP

GO Guardianship only - The entry of "GO" from an "OT" order type may indicate the Appellate Court reversed a previous decision to terminate parental rights or that Guardianship was given at a motion or review hearing that was not a dispositional hearing (Valid for hearing types of DP and OT.)

NO No legal relationship - At case opening, enter this code only for Adoption Assistance, Unwed Mothers, Youth Initiative, or Deaf Education.

CYCIS FORMS INSTRUCTIONS
LEGAL HISTORY MAINTENANCE FORM
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Otherwise, this code is used only when an existing DCFS legal relationship is vacated. (Valid for hearing types of AJ, DP, NH, OT, TC, and TP.)

PC Temporary Protective Custody as assumed by DCFS

Valid for order type of NH.

SB Adoptive Surrender by Both Parents - Finding/ruling of SM and/or SF must be recorded. A legal status of "SB" can occur three different ways:

- 1) both parents surrender a child;
- 2) the father or mother surrenders a child at one time and the other surrenders a child at a later date; or
- 3) one parent surrenders a child and the other parent is dead.

Valid for order type of DP, NH, OT, or TP.

TR Temporary Custody **with** the right to consent to major medical treatment.

Valid for order type of OT or TC.

TW Temporary Custody **without** the right to consent to major medical treatment.

Valid for order type of TC only.

VP Voluntary Placement Agreement

Valid for order type of NH only.

Findings/Rulings

Enter up to three findings/rulings.

AC Case closed due to the adoption of the minor. Valid for order type - legal status combination of OT - NO.

CF Specified consent for adoption granted by the father of the minor. Specified consents are valid for one year only. Valid for order type - legal status combinations of NH - AR, OT - AR, TP - AR, or TP - NC.

CYCIS FORMS INSTRUCTIONS
LEGAL HISTORY MAINTENANCE FORM
October 1, 1998 - P.T. 98.13

- CH Permanency hearing continued. Valid for order type of PH only.
- CM Specified consent for adoption granted by the mother of the minor. Specified consents are valid for one year only. Valid for order type - legal status combinations of NH - AR, OT - AR, TP - AR, or TP - NC.
- CS Continued under Supervision. Valid for order type - legal status combinations of AJ - NC, AJ - NO, or OT - NO.
- GF General consent for adoption granted by the father of the minor. Valid for order type - legal status combinations of NH - AR, OT - AR, TP - AR, or TP - NC.
- GM General consent for adoption granted by the mother of the minor. Valid for order type - legal status combinations of NH - AR, OT - AR, TP - AR, or TP - NC.
- SF Adoptive Surrender by Father. Valid for order type - legal status combinations of DP - NC, DP - SB, NH - CU, NH - SB, OT - AR, OT - SB, TP - AR, TP - SB, or TP - NC.
- SM Adoptive Surrender by Mother. Valid for order type - legal status combinations of DP - NC, DP - SB, NH - CU, NH - SB, OT - AR, OT - SB, TP - AR, TP - SB, or TP - NC.
- XF Termination of Father's Parental Rights. Valid for order type - legal status combinations of DP - AR, DP - GO, DP - NC, OT - GO, TP - AR, or TP - NC.
- XM Termination of Mother's Parental Rights. Valid for order type - legal status combinations of DP - AR, DP - GO, DP - NC, OT - GO, TP - AR, or TP - NC.
- CO Hearings Continued (Valid for hearing type FR only and for legal status code of No Change.) This entry is no longer valid effective 8/98.

Adjudication Findings

The following codes are valid for order type AJ only and for legal status code of NC or NO:

- AB Abuse
- AD Addicted Minor
- CS Continued Under Supervision
- DP Dependency
- DQ Delinquent

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October 1, 1998 - P.T. 98.13

MR Minor Requiring Supervision
NF No Fault Dependency (Downstate Only)
NG Neglect
SA Sexual Abuse

GUARDIAN

Enter one of the following codes which indicates who the child's guardian is as a result of the legal change reported here. If it is unchanged, do not make an entry.

BP Both Parents
FA Father
GA DCFS Guardianship Administrator. Valid only with order type - legal status combinations of DP - AR, DP - SB, DP - GO, OT - AR, OT - GO, OT - SB, OT-TR, TP - AR, or TP - SB.
GS Guardian (Successor)
MO Mother
NR Not Reported
OA Other Agency
OT Other Person
PO Probation officer
RE Relative other than parent
SG Subsidized Guardian

REASONABLE EFFORTS

If the current legal status is a result of a court order, check the appropriate box for the reasonable effort determination from this hearing only. (Required entry on order types PH, TC, TP, and order type NH with a legal status VP)

YES Y - The judge has ruled that Reasonable Efforts have been met.
NO N - The judge has ruled that Reasonable Efforts have not been met.

UNDETERMINED U - The judge has made no determination regarding reasonable efforts.

NOTE: Most cases require a "Reasonable Effort" determination. Two case types are the exception and instead require a "Best Interest" determination. Use this area to record a "Reasonable Effort" or "Best Interest" determination, whichever is appropriate. Cases requiring "Best Interest" are cases opened with a legal status of "VP" that later go to court; and cases opened prior to October 1, 1983.

CYCIS FORMS INSTRUCTIONS
LEGAL HISTORY MAINTENANCE FORM
October 1, 1998 - P.T. 98.13

VISITATION

If the current legal status is the result of a court order, check the appropriate box for visitation from this hearing only.

- | | |
|---|-------------------------------|
| D | DCFS Discretion |
| N | Denied/Terminated |
| O | Elastic Overnight (Cook only) |
| S | Supervised |
| U | Unsupervised |
| Y | Elastic Day (Cook only) |

The terms “elastic overnight”, and “elastic day” are court terms meaning that the visitations are at the discretion of the case worker within the specific limits of the court order.

ORDER RECEIVED

If the current legal status is the result of a court order, check here to indicate if an order has been received. This field is required and for Downstate Counties only.

- | | |
|---|--|
| Y | Yes, court order has been received. |
| N | No, court order has not been received. |

PERMANENCY GOAL

The following permanency goals are valid goals which can be set by a court order. Valid for order type of PH. Not allowed with entry of finding CH (continued hearing).

- | | |
|----|--|
| 21 | Return Home within five months |
| 22 | Return Home within one year |
| 23 | Return Home pending status hearing |
| 24 | Substitute Care pending court determination on termination of parental rights |
| 25 | Adoption, provided that parental rights have been terminated or relinquished |
| 26 | Guardianship |
| 27 | Independence (The minor over age 12 will be in substitute care pending independence) |
| 28 | Cannot be provided for in Home Environment (The minor will be in substitute care because he or she cannot be provided for in a home environment due to developmental disabilities or mental illness or because he or she is a danger to self or others, provided goals 21 through 25 have been ruled out.) |

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JUVENILE ARREST WARRANT (JAW)

This field is optional with any order type.

- C Child Protection JAW Outstanding
- D Delinquency JAW Outstanding
- N JAW Quashed

CYCIS FORMS INSTRUCTIONS
LEGAL HISTORY MAINTENANCE FORM
 October 1, 1998 - P.T. 98.13

APPENDIX A - EXAMPLE LEGAL ENTRIES

(LEGAL, STATUS CODES, ORDER/ACTION TYPES, AND FINDINGS)

XX - LEGAL STATUS CODES	DESCRIPTION
XX - VALID ORDER/ACTION TYPES	
XX - FINDINGS/RULINGS	
NC - NO CHANGE TO LEGAL STATUS	
AJ - ADJUDICATORY ORDER	The Adjudicatory Hearing is for the judge to decide if the child should be made a ward of the Juvenile Court for any one or more of the reasons listed as possible findings. If a finding is made, the case will be continued for a Dispositional Hearing. A finding will not change the legal status of the child's case.
optional, if entered must be	
AB - ABUSE	
AD - ADDICTED MINOR	
CS - CONT UNDER SUPERVSN	
DP - DEPENDENCY	
DQ - DELINQUENCY	
MR - MINOR REQ SUPERVSN	
NF - NO FAULT DEPENDENCY	
NG - NEGLECT	
SA - SEXUAL ABUSE	
GO - GUARDIANSHIP	
DP - DISPOSITIONAL ORDER	DCFS can be awarded Guardianship from a Dispositional Hearing. If one of the parent's rights are terminated, the legal status can still reflect GO; otherwise, if both parent's rights are terminated, the legal status would reflect AR.
XM - TERMINATION OF	
MOTHER'S RIGHTS OR	
XF - TERMINATION OF	
FATHER'S RIGHTS	
VP - VOLUNTARY PLACEMENT	
NH - NOT FROM A HEARING	VP will happen at case opening, without a court hearing. The parents do not give up their rights, only the custody of the child. This is only valid for 60 days
XX - NO VALID FINDINGS	
CU - CUSTODY (NO LEGAL)	
NH - NOT FROM A HEARING	A father or mother can surrender a child without a hearing. DCFS does not have a legal relationship but has legal responsibility. Findings of SF or SM allowed.
SM - SURRENDER MOTHER	
OR	
SF - SURRENDER FATHER	

CYCIS FORMS INSTRUCTIONS
LEGAL HISTORY MAINTENANCE FORM
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XX - LEGAL STATUS CODES XX - VALID ORDER/ACTION TYPES XX - FINDINGS/RULINGS	DESCRIPTION
NO - NO LEGAL RELATIONSHIP	Judge closed case. Case can be closed for guardianship vacated, TC vacated, or closed court hearings.
OT - OTHER ORDER ISSUED IN COURT optional, if entered must be	
AC - ADOPTION COMPLETED	If case closed for adoption completed, the AC finding should be listed.
OR	
CS - CONT UNDER SUPERVISION	If case will be continued under supervision, the CS finding should be listed.
 AJ - ADJUDICATORY ORDER optional, if entered must be AB, AD, CS, DP, DQ, MR, NF, NG, SA	 If the legal was vacated at an Adjudicatory hearing, the findings may be listed.
DP - DISPOSITIONAL ORDER	DCFS legal status can change to NO at DP, TC, and TP proceedings also.
TC - TEMPORARY CUSTODY ORDER	
TP - TERMINATION ORDER	DCFS legal status may change to NO upon death of a child or emancipation.
NH - NO HEARING	
XX - NO VALID FINDINGS	A permanency hearing may be continued if the caseworker does not appear for the hearing or the initial service plan is not completed within the last six months. In this case, the finding CH should be entered to show the continuance of the permanency hearing.
NC - NO CHANGE TO LEGAL STATUS	
PH - PERMANENCY HEARING ORDER	
CH - CONTINUED HEARING	
 NC - NO CHANGE TO LEGAL STATUS	
TP - TERMINATION OF PARENTAL RIGHTS	
XM OR XF	
OR	
CM OR CF	
OR	
GM OR GF	
OR	
SM OR SF	A Termination of Parental Rights order may result in one or both parents' rights being terminated. If only one parent's rights have been terminated, there will not be a change in the legal status. DCFS will retain guardianship.

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DESCRIPTION

XX - LEGAL STATUS CODES

XX - VALID ORDER/ACTION TYPES

XX - FINDINGS/RULINGS

Court receipt for 30-day case plan
(Downstate Only)

NC - NO CHANGE TO LEGAL STATUS

IP - INITIAL CASE PLAN

XX - NO VALID FINDINGS

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COMBINATION EDITS FOR LEGAL CODES
CM13 PROPOSED
APPENDIX B - COMBINATION EDITS

ORDER TYPE	LEGAL STATUS	FIND/ RULE	GUARDIAN	COUNTY	RSN EFFORT	VISITA TION	ORDER RCVD	PERM GOAL	JAW	DOCKET NUMBER
AJ	NC	AB,AD,CS,DP,DQ,MR, NF,NG,SA	not allowed	required	optional	optional	required	not allowed	optional	required
	NO	optional, if entered must be: AB,AD,CS,DP,DQ,MR, NF,NG,SA								
DP	AR	XF or XM or both	optional - if entered must be GA	required	optional	optional	required	not allowed	optional	required
	SB	SF or SM or both	optional - if entered must be GA							
	NO	not allowed	optional entry but not GA							
	GO	optional, If entered must be: XF or XM - not both	GA							
	NC	optional, if entered must be only: (SF, SM, XF, XM)	optional if entered must not be: GA							
IP	NC	not allowed	not allowed	not allowed	not allowed	not allowed	not allowed	not allowed	optional	not allowed
NH	NO,PC,NC, VP	not allowed	not allowed	not allowed	required on VP legal status	not allowed	not allowed	not allowed	optional	not allowed
	AR	CF,CM,GF,GM			not allowed on other legal status					
	CU	SM or SF - not both								
	SB	SF or SM or both								

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ORDER TYPE	LEGAL STATUS	FIND/RULE	GUARDIAN	COUNTY	RSN EFFORT	VISITATION	ORDER RCVD	PERM GOAL	JAW	DOCKET NUMBER
OT	AR	CF,CM,GF,GM or either SM or SF not both	optional, if entered must be GA	required	optional	optional	required	not allowed	optional	required
	GO	optional, if entered must be: XF or XM - not both	GA							
	NC	not allowed	not allowed							
	SB	SF or SM or both	optional, if entered must be GA							
	NO	optional, if entered must be AC or CS	optional, cannot be GA							
	TR	not allowed	optional, if entered must be GA							
PH	NC	not allowed	not allowed	required	required	optional	required	required	optional	required
		CH	not allowed	required	not allowed	not allowed	not allowed	not allowed	optional	required
TC	NO	not allowed	optional, cannot be GA	required	required	optional	required	not allowed	optional	required
	NC,TR,TW	not allowed	not allowed							

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ORDER TYPE	LEGAL STATUS	FIND/ RULE	GUARDIAN	COUNTY	RSN EFFORT	VISITA TION	ORDER RCVD	PERM GOAL	JAW	DOCKET NUMBER
TP	AR	XM or XF or both CF or CM or both GF or GM or both SF or SM not both	optional, if entered must be GA	required	required	optional	required	not allowed	optional	required
	SB	SM or SF or both	optional, if entered must be GA							
	NC	only one of XM, XF, CM, CF, GM, GF, SM, SF	not allowed							
	NO	not allowed	optional, cannot be GA							

* Additional combination edits:

If guardian code is GS then legal must be NO and involvement code must be GS.

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APPENDIX C - LEGAL STATUS SEQUENCING EDITS

CURRENT LEGAL STATUS	NEW LEGAL STATUS
AR	GO,NC,NO
CU	NC,NO, PC,SB,TR,TW,VP
GO	AR,NC,NO,SB
NC	ANY
NO	ANY
PC	CU,GO,NC,NO,PC,SB,TR,TW,VP
SB	AR,GO,NC,NO
TR	AR,GO,NC,NO,SB,TW
TW	AR,GO,NC,NO,SB,TR
VP	NC,NO,PC,SB,TR,TW,VP

- * opening legal order/action type cannot be IP or PH
- * opening legal status cannot be NO except if open reason code is AA or UM or YI
- * opening legal status cannot be NC

Using this chart:

This chart reflects the types of legal status which can be entered subsequent to any given current legal status.

For example: If the current legal status on a case is a NO, any legal status can be entered afterwards.

Sample Entries:

3/10/98 PC <-----Entry being made to CM13
1/10/98 NO <-----Current legal status

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APPENDIX D - LEGAL FINDING SEQUENCING EDITS

NEW LEGAL STATUS	NEW FINDING	CURRENT FINDING
AR	CF or GF or XF	must be one of: CM,GM,SM,XM may also be: CF,GF,SF,XF
	CM or GM or XM	must be one of: CF,GF,SF,XF may also be: CM,GM,SM,XM
	CF or GF or XF and CM or GM or XM	not (CF or GF or XF) and (CM or GM or XM) may be father only or mother only but not both
	SF	must be one of: CM,GM,XM (NOT SM) may also be: CF,GF,SF,XF
	SM	must be one of: CF,GF,XF (NOT SF) may also be: CM,GM,SM,XM
CU	SF	SF (NOT CM,GM,SM,XM)
	SM	SM (NOT CF,GF,SF,XF)
GO	XF	(NOT CM,GM,SM,XM)
	XM	(NOT CF,GF,SF,XF)
NC	CF or GF or SF or XF	(NOT CM,GM,SM,XM)
	CM or GM or SM or XM	(NOT CF,GF,SF,XF)
SB	SF and SM	not SF and SM both may be SF only or SM only
	SF	SM
	SM	SF

This table reflects the order of findings which can be entered for specified consents, general consents, surrenders, and termination of parental rights. For example: If the current legal status being entered is AR with findings of SM, then a previously entered finding of CF would be appropriate; however, a previous finding of SF would be invalid. The previous value of SF would be invalid with the current entry of a legal status of AR, since the SM should create a legal status of SB.

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